THE CANADIAN NURSE

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Between Ourselves

From the president of the Canadian Nurses' Association, the president of the Association of Nurses of the Province of Quebec, from the professional staff at our National Office, and from individual nurses in all parts of our land have come greetings and felicitations on the launching of *L'Infirmière Canadienne* this month. As you read these lines, Volume 55, number 6 in both English and French will be in the hands of considerably over 50,000 paid subscribers. We hope that this disproves effectively the old adage that "anticipation is better than realization."

The "masthead" page in *L'infirmière Canadienne* actually carries two volume numbers, as will be noted by all who have access to both issues. Discussing this matter some months ago, the governing body of the *Journal,* the Journal Board, decided that for accuracy as well as for ease in locating editorial material through the index, this issue should carry the figures noted above. After all, the two are essentially one magazine. But for purely sentimental reasons, it was felt that for a few months the creation of the new issue should be recognized by the supplementary numbering.

* * *

Since the greater proportion of French speaking nurses are members of the Association of Nurses of the Province of Quebec, it is singularly appropriate that our guest editor this month is **Margaret May Wheeler**, president of that association. Born at Windsor Mills, Que., a graduate of the Montreal General Hospital, Miss Wheeler is nursing consultant, Division of Industrial Hygiene, in the Quebec Ministry of Health. At ease in both French and English, possessed of abounding energy, she has had experience in such a broad spectrum of national, provincial and local committee work that she is able to manage a two-way job of interpretation with skill and understanding. Under her kindly guidance continued progress in provincial association affairs is assured.

* * *

Always on the alert for new and different developments in medical care, many daily newspapers across Canada carried a few of the details of the drama that unfolded at the Royal Victoria Hospital, Montreal, when the kidney transplant between identical twins was performed a few months ago. The battery of tests that had to be performed to prove incontravertibly that the girls were "identicals"; the delicate legal procedures that were necessary; the hours of discussion and explanation before surgery could be undertaken; the elaborate precautions that attended every aspect of the nursing care — all of these make our feature material intensely interesting to every nurse.

* * *

There seems to be considerable confusion still in the minds of many nurses regarding the pattern that is followed when your subscriptions are sent in to us by your provincial registered nurses' association. A surprisingly large number of semi-irate letters have been received this spring from new registrants who wrote something like this: "My fees were paid in January but I have not yet received a single copy of the *Journal.* Please investigate this at once and start my copies coming." We are delighted, really, to get these letters for it gives us a chance to explain. It is so much better than for the nurse to carry her grouch around with her.

Here is the explanation; because of the volume of work entailed in processing so many thousands of new and renewed subscriptions that flood in in the first six months of the year, each province has been assigned a definite month for subscriptions to begin and end. This is the order for this year and every year:

Province	*Code letter*	*Starts*	*Expires*
Alta.	H	April	March
B.C.	K	May	April
Man.	M	April	March
N.B.	F	April	March
Nfld.	N	April	March
N.S.	L	April	March
Ont.	O	June	May
P.E.I.	P	March	February
Que.	B	June	May
Sask.	R	April	March

* * *

As was briefly noted in the April issue, the Executive Committee of the Canadian Nurses' Association voted unanimously to broaden the scope and coverage of one section of the CNA Retirement Plan. Coverage

(Continued on page 495)

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Administration—Usual adult dosage range is 25 to 50 mg. 1 to 3 or 4 times daily. Dosage should be carefully adjusted to individual needs.

Description—Dichlorphenamide, orally active carbonic anhydrase inhibitor, especially in the eye. Reduces intraocular pressure by inhibiting formation of aqueous humour. Onset of action within an hour, maximal effect in 2 to 4 hours, duration 6 to 12 hours.

Manufacturer—Merck Sharp & Dohme. Division of Merck & Co. Ltd., Montreal, 30.

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Indications—Digestive disturbances where administration of digestive enzymes may be indicated.

Administration—One to 4 teaspoonfuls after meals or as prescribed.

Description—An elixir containing: Pepsin, pancreatin and diastase.

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Administration—Intramuscularly, intravenously or intrasynovially.

Description—Each cc. of buffered, sterile solution contains 20 mg. prednisone 21-phosphate as the disodium salt.

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Administration—Apply to the affected parts 2 or 3 times daily, rubbing in gently, if possible, until absorbed.

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Manufacturer—Pfizer Canada. Montreal 9, P.Q.

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Manufacturer—Abbott Laboratories Ltd., Montreal.

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Indications—Mental and emotional disturbances mild and moderate, nausea and vomiting from many causes including pregnancy.

Administration—Adults (not recommended for children under 12 years of age at present) — usual dosage is 1 mg. twice a day, in some cases 2 mg. twice a day. If desired response is not achieved in a week's time, dosage may be increased to 5 or 6 mg. daily.

For immediate control of nausea or vomiting the usual dose is 1 mg. intravenously, repeated if necessary at intervals of 4 or 5 hours with not more than 6 mg. (except rarely) in 24 hours.

Should be administered with discrimination and under careful supervision.

Description—Trifluoperazine, low dosage tranquilizer and antiemetic, tablets of 1 mg., 2 mg., 5 mg.; 10 cc. multiple-dose vials 2 mg. per cc.

Manufacturer—Smith Kline & French Laboratories, Montreal.

(Continued from page 492)

of all of the employees of any organization or business where members of the CNA are working is now a possibility. Mr. **Norman Beaudin**, of the National Life Assurance Company, who has taken such an active part in all of the preliminary arrangements and negotiations explains the pattern that will be followed in drafting Retirement Plan contracts from now on.

How can a 25-year-old be persuaded that it is to her personal advantage to participate in a retirement plan? Age 65 seems such an interminably long way off. So many things can and will happen to her in that 40-year interval. What arguments, what methods short of compulsion would you use?

The rung of a ladder was never meant to rest upon, but only to hold a man's foot long enough to enable him to put the other somewhat higher.

— THOMAS HENRY HUXLEY,
On Medical Education.

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VANCOUVER 8, BRITISH COLUMBIA.

Random Comments

Dear Editor:

May I take this opportunity to express my commendation for the *Journal,* which contains much high quality material. I look forward to it as to a letter from home and read it completely through when I receive it.

M. W., Ontario

Dear Editor:

May I secure a copy of "Summary of Clinical Laboratory Procedures," published in the August, 1956 issue. I want to give it to a friend of mine, a head nurse, who has lost her copy. I find this material especially helpful and carry it with me whenever I work because I always seem to need to look up some test in it. In fact, all the case studies and clinical material in *The Canadian Nurse* are both interesting and helpful.

F. B., New Brunswick

Dear Editor:

I have enjoyed the nurses' magazine so very much. It keeps me informed about the many interesting things that are being done in nursing today. Nursing has made such gigantic strides since my graduation in 1912 that I find it hard to keep up. However, through our magazine I am continually being brought up to date on what is going on.

I find many familiar names of nurses I have known or heard of. The account of the new honorary members in Manitoba was particularly interesting as I knew them all personally.

Although "out of circulation," I am keenly interested in what the younger nurses are doing and how they are making their contribution to our profession.

B. K., British Columbia

Dear Editor:

I am a nurse working only for short periods each year as health permits. *The Canadian Nurse* provides very good reading which keeps me alert to the new things in

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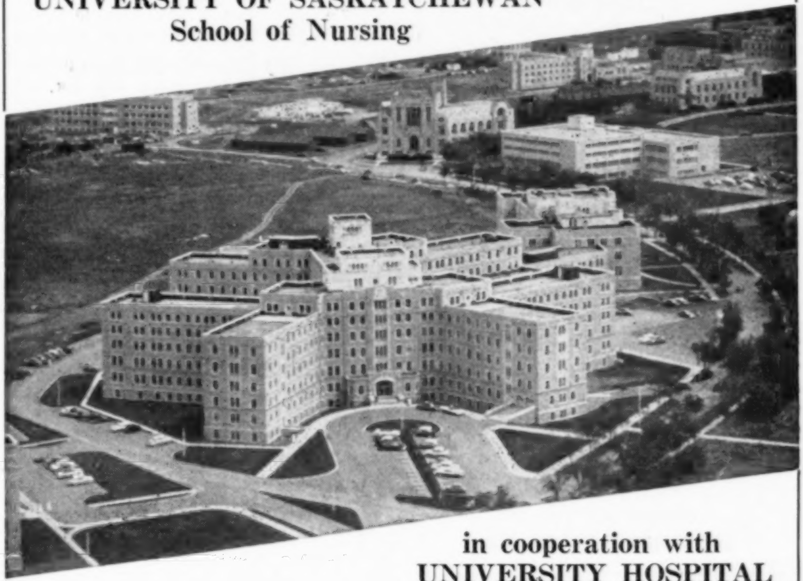
School of Nursing



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THE DIRECTOR, SCHOOL OF NURSING
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the medical and nursing professions.

I would like to see some articles on the adrenal glands. Doctors are exploring the importance of these glands. It would be very helpful to us nurses if we knew more of their work in connection with high blood pressure — the symptoms we should look for, pre- and post-surgical care, and the possible after-effects.

A. V. B., Manitoba

Editor's note: A series of articles on several aspects of endocrinology is already planned for a future issue. We shall try to meet your request at that time.

Dear Editor:

Mr. A. Wedgery's article in the February 1959 issue is most impressive in its realistic viewpoint. For too long those overly idealistic sentimentalists, who want most nurses to be dedicated spinsters happily working for a pittance in a life-long vocation, have had an undue influence on nursing which *must* be considered a means of livelihood and a commodity for sale, just as is any other business. Today, the medical and dental professions put great emphasis on monetary returns; so should we in this age of tax-supported hospital schemes, public health programs, prepaid health services, etc.

Another excellent point, in Mr. Wedgery's article, is that it would be better if more male nurses were employed in administrative and supervisory nursing positions. Too many of the women in such positions, though well qualified educationally, are certainly not equally prepared *temperamentally,* particularly when in their late forties. Staffs under some of those women have to suffer for their periodic emotional upsets, with resultant bitterness and dissatisfaction. Men would tend to be steadier in high tension areas, such as operating rooms, outdoor and emergency departments, as night supervisors, or in industrial shift work, mental hospitals, etc. Also, few men are as *submissive* and *passive* as are the majority of women who go into nursing. The men would not put up with unnecessary drudgery or have all sorts of non-nursing jobs foisted on them. In some hospitals, graduate nurses are still expected to put away laundry and supplies or to pinch-hit for clerical workers on holidays.

All female occupations must be second in importance to marriage and motherhood. Nursing is no exception. Therefore, it is unrealistic to expect young, marriageable nurses willingly to go to rural areas, the

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northland, to serve on night shifts, etc. when such working conditions adversely affect their marriage chances. Those are places where men could serve far better than women, despite the fact that we women will work for less pay than men. For reasons of economy women are preferred in these personally unsuitable fields. Some doctors are advocating a requirement that married nurses sign a two or three year contract before being employed. There really would be a revolution if such nonsense were tried in Canada!

A. C. P., Ontario

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THE CANADIAN NURSE

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270 LAURIER AVE. WEST, OTTAWA

VOLUME 55 NUMBER 6

MONTREAL, JUNE 1959

A New Milestone

JUNE 1959 — a truly historical date in Canadian nursing! With this edition, *The Canadian Nurse,* the one official professional journal for nurses in Canada, goes to every member of the Canadian Nurses' Association in a choice of the two major languages of our country. Is this not an appropriate climax during this biennium when the watchword given by our President is "Faith?"

We have read that "If it had not been for the ministrations of the French Nursing Sisterhoods, the settlement of the New World along the St. Lawrence River would have been much slower."[1] Surely it was courage, conviction and faith that brought these brave women to our shores. It would be equally true to say that if it had not been for these French Sisters, the development of nursing in Canada would probably have been much slower and very different. The same intrinsic elements eventually brought English-speaking nurses to our shores. These two groups of people, of European and British origin, early became essentially Canadian and blazed the trails of Canadian nursing.

The history of nursing in Canada is an exciting one, marked by struggle but with tremendous achievement. Similarly, as in other groups in Canadian life "it has been not one tributary, but the cooperation of all that has fed the waters and guided

(Wm. Notman & Sons)

MARGARET WHEELER

the currents of the main stream."[2] At times we have doubtless allowed ourselves to separate as to language but it is together that we have achieved our greatest successes.

History repeats itself. Some 15 years ago, in writing the history of the first 25 years of the Association of Nurses of the Province of Quebec, the late Miss E. Frances Upton, in her book entitled, "An Experiment in Mutual Understanding," made the following statement, "Our membership has increased in quality and quantity each year in spite of our differences of opinion or has it been because of them?"[3] Today, across the country, we are witnessing not only great increases in membership but some proof of mutual understanding.

Each province has made and is making advances in nursing service and nursing education and each is seriously studying ways and means of proceeding with research. Political, social and cultural changes in our country have implications for nursing. As in the past, with faith, we shall meet these challenges, individually and collectively, ready to evaluate the tried and true ideas, and to weigh these against new ideas, new techniques and new methods.

We would all agree, I believe, that sharing of knowledge and of experience is an important step towards progress. The process of sharing requires communication. The need of a means of communication for nurses in Canada was voiced by a group of English-language nurses in the early part of this century. They then proceeded to fill this need. Their efforts resulted in the publication of a professional journal, which became *The Canadian Nurse* as we know it today.

The Canadian Nurse has proved an excellent medium of communication. Through its pages nurses, not only in Canada but throughout the world, have been able to share knowledge and experience and to become informed of trends and developments in all areas of nursing and medicine. Thus *The Canadian Nurse* has played an important role in the improvement of nursing care.

For many years the *Journal* reached only a limited number of its potential readers. In the late nineteen forties, a strong conviction stimulated the editor and business manager of *The Canadian Nurse,* to encourage members of provincial nurses' associations to subscribe to their *Journal* through provincial fees. It was indeed with faith that this conviction was pursued. Gradually but consistently, members of provincial associations voted to receive their *Journal* through annual fees. However, one obstacle still remained before this pattern could be complete. *The Canadian Nurse* has only been published in one of the two major languages of our country. Happily, many members shared the opinion that "no policy can be regarded as wise which divides the people whose effort and resources must put it into effect."[4] Now, for the first time the *Journal* is also being published in the French language. Thus, in this year 1959, our one official professional journal has truly become a medium of communication for all members of the Canadian Nurses' Association.

MARGARET M. WHEELER,
President,
Association of Nurses of the Province of Quebec.

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1. Gibbon, John Murray, and Mathewson, Mary S. Three Centuries of Canadian Nursing. The Macmillan Company of Canada Limited, 1947. P.2.
2. Canada: Nation on the March. Clarke, Irwin & Company Limited, Toronto, 1953. P.188.
3. Upton, E. Frances. An Experiment in Mutual Understanding. Association of Nurses of the Province of Quebec. P.3.
4. Canada: Nation on the March. Clarke, Irwin & Company Limited, Toronto 1953, P.4.

The July 1959 issue of *International Nursing Review* will be a special number celebrating the 60th anniversary of the founding of the ICN.

This issue will contain material of historic value. If you are not already a regular subscriber, place your order for a copy — or a full subscription with the International Council of Nurses, 1 Dean Trench Street, London S.W. 1, England.

Welcome to L'Infirmière Canadienne

It is a common saying that in this life we appreciate most the things that require the greatest effort for their achievement. This is very true and applies particularly in the development of *L'Infirmière Canadienne*. For many years we have been haunted by a dream that some day the Canadian Nurses' Association would be able to publish an all-French journal for the French Canadian nurses so that they might share to the full in the progress of our profession. Many obstacles had to be overcome, not the least of which was how such an ambitious project was to be financed. It has taken the concentrated endeavor of nurses of every province as well as the spirit of teamwork of all the French-speaking nurses who have intellectual advancement at heart to make that dream a reality.

Last June, when I had the honor to be elected president of our Association, without hesitancy I chose as our national watchword "Faith." On many occasions since I have been reminded that "faith" can move mountains. I have placed my confidence in you all. I have had faith in your judgment. So today, my dear friends, in your name I bid a warm welcome to our journal, *L'Infirmière Canadienne*.

Psychologists have demonstrated many times that environment has a greater influence than heredity in the development of an infant. It will be well for us to recall that this "newborn" depends upon us, the French Canadian nurses, for its well-being. It will be necessary for us to shake off our proverbial casualness and feed the kind of material this infant needs to thrive. Let each of us consider ourselves as its godmother and, with legitimate pride, ensure that its future development will bring us honor.

Alice Girard
President,
Canadian Nurses' Association

THE ONTARIO HOSPITAL ASSOCIATION expresses congratulations to the Canadian Nurses' Association upon establishing a French edition of The Canadian Nurse Journal.

The new monthly edition, L'Infirmière Canadienne, will serve an important segment of the nursing profession in Canada, and marks a milestone of accomplishment by a progressive publication.

ONTARIO HOSPITAL ASSOCIATION
TORONTO 7, ONTARIO

Renal Transplantation in Identical Twins

KENNETH J. MACKINNON, M.D.

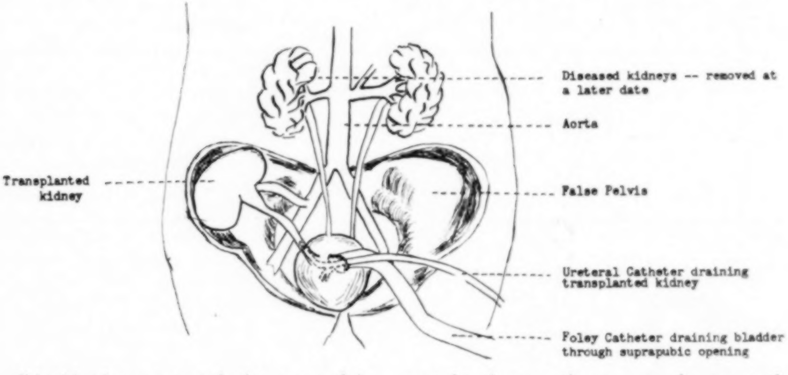
SUCCESSFUL kidney transplantation is possible only in identical twins. Attempts have been made to transplant kidneys in unrelated individuals but in all cases the organ functioned only for relatively short periods of time. Successful transplantation in identical twins has been carried out on eight previous occasions, seven of which had been done at the Peter Bent Brigham Hospital in Boston, Massachusetts.

Before considering transplantation certain facts must be established. These include:

1. The proof of true identity. This was carried out by the studies of a geneticist, the cross matching of all possible blood groups and the successful cross skin grafting between twins.
2. Establishment of the fact that the donor twin has normal renal function from two normal kidneys.
3. A normal lower urinary tract in the recipient to allow for normal continuing function of the transplanted kidney.
4. The presence of advanced uremia from irreversible disease.

During the period that the above facts were being established the healthy twin, Nola, having learned of kidney transplantation from press releases, spontaneously offered to donate a kidney to her twin, Moira. The operation of nephrectomy involved in the case of the healthy twin constituted a mutilation operation since no disease was present. Therefore careful legal advice was sought. Special permission had to be obtained through the Supreme Court of the Province of Quebec. Complete cooperation was secured from the family, from the legal counsel, and the Justice of the Supreme Court in expediting this matter where so much urgency existed.

Exact diagnosis of chronic pyelonephritis was established by renal biopsy. This was done by a percutaneous needle method and later by open biopsy of the right kidney. The plan involved was similar to that carried out in the previous procedures at the Peter Bent Brigham Hospital. It consisted of the use of two operating theatres, in one of which a nephrectomy was performed on the donor Nola. In the other the recipient area was prepared for transplantation of the kidney. The recipient area was prepared and the vascular anastomoses carried out by Dr. J. C. Luke, the nephrectomy being done by a team under the direction of the writer. The nephrectomy was of a standard type except that long lengths of blood vessels and of the ureter were saved. The left kidney was removed and transplanted to the right iliac fossa of the recipient. One artery was present but the kidney was being drained by two veins. The left kidney was chosen because of the fact that one can obtain


Diseased kidneys -- removed at a later date
Aorta
Transplanted kidney
False Pelvis
Ureteral Catheter draining transplanted kidney
Foley Catheter draining bladder through suprapubic opening

Dr. MacKinnon is a urologist on the staff of the Royal Victoria Hospital, Montreal.

longer lengths of blood vessels. It had to be transplanted to the right side of the recipient in order to establish a normal relationship between the veins and arteries in that site of transplantation. Following the removal of the kidney with a long length of ureter the structure was brought to the adjacent theatre where an end to side anastomosis was performed between the renal veins and the common and external iliac veins. The internal iliac artery was clamped and divided; then it was anastomosed end to end to the renal artery. The kidney was out of circulation for a total of 58 minutes. With the removal of the clamps the kidney immediately regained a normal pink color. Within ten minutes normal peristalsis could be seen in the ureter and a very rapid urinary flow was seen to take place.

The team under the direction of the writer then took over to perform the anastomosis of the ureter to bladder. After the peritoneum was displaced from the dome of the right wall of the bladder a trough was fashioned in the muscle on the right side of the latter. The ureter was placed in such a way that it would not be kinked. A cystostomy was performed in the mid line and a point chosen for the new ureteral orifice. This was located approximately one and a half inches above and to the right of the right ureteral orifice. The ureter was then brought in to the muscular trough, under the mucosa of the bladder and finally through the site chosen for the new ureteral orifice. The ureter was anastomosed to the bladder by four interrupted sutures of atraumatic catgut. On the outside of the bladder it was fixed loosely in the muscular trough previously formed. A polyethylene catheter was passed up the ureter to the renal pelvis and brought through the bladder wall along side a Foley catheter which was to be used for cystostomy drainage. The bladder wall was then closed with interrupted sutures of plain catgut. Two cigarette drains were inserted and the wound was closed in layers. No sutures were used to fix the kidney in its new position as closure of the abdominal well kept it snugly in place.

The postoperative course was associated with many moments of concern but no major difficulties. The renal function in the transplanted kidney gradually improved, becoming normal in all respects approximately five months after operation. When last checked in December 1958, all kidney function tests of both twins were normal.

In October 1958 Moira was re-admitted for removal of the diseased kidneys. Nephrectomies were carried out one week apart and were quite uneventful. It was considered necessary to remove the kidneys because of some danger of spread of infection from them to the transplanted kidney and also to allow the blood pressure to return to normal. The blood pressure recordings had dropped greatly after the transplantation was performed and no therapy was required because of the slight elevation. However, the pressure was not absolutely normal until the second nephrectomy was performed. It has remained normal since that time.

The outcome of this procedure has been very satisfactory. Contributions to its success were made by many individuals and many departments. Success could not have been achieved in the absence of a fine spirit of cooperation between all individuals and all the departments involved.

Is there any special "trick" to leg bandaging as an aid to treatment of refractory cardiac failure? Perhaps the most important factor is proper timing. The most propitious time to bandage and elevate the legs is on the day when mercurial injection is administered. This has reportedly helped to increase the extent and duration of diuresis. However, for optimum effect, it is advisable to observe the precaution of waiting for definite diuresis to be well started before proceeding with the bandaging — *Diuretic Review*

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Work consists of whatever a body is *obliged* to do, and Play consists of whatever a body is not obliged to do.

— MARK TWAIN

* * *

Everything happens to everybody sooner or later if there is time enough.—G. B. SHAW

Renal Transplant – Nursing Care

SHIRLEY HARRIS *and* JOHN DOSSETOR, M.D.

SLIGHTLY MORE THAN one year ago, two 15-year-old girls — twins — were hospitalized. One was in perfect health, the other was suffering from chronic bilateral pyelonephritis and was progressing into severe uremia with certain death as the outcome. These two along with their doctors and nurses were to be the principals in one of those bits of high drama now and then associated with hospital life. One procedure alone could save Moira's life — the transplantion of one of her twin sister's healthy kidneys into her own body.

Before operation could even be contemplated, it had to be established beyond the possibility of *any* doubt that the girls were *identical* twins. This involved a multiplicity of tests, one of which was a skin graft from one girl to the other. If the graft was successful, it would help to determine the ultimate success of the kidney transplant since only an identical twin can donate skin for grafting without rejection by the twin who receives it. Proof was established of identical twinship, and preparations for operation proceeded.

This was not the first time in surgical history that kidney transplant had been undertaken but it is still a rare and infrequently performed operation. It was the first time that it had been carried out in the British Empire. There had to be complete recognition by the parents of what the procedure involved, the risks, the possible outcome, the implications for the future life of the healthy donor twin. The latter, Nola would have to be dependent on only one kidney — a factor to be considered in the event of future severe illness. Moira was very ill and there was the possibility that she might not survive even the shock of surgery — in which case her twin would have donated her kidney in vain. The formal consent for operation was very carefully devised with expert legal advice and with complete understanding on the part of all concerned.

PREOPERATIVE PREPARATION

Nursing care was to be an important aspect of Moira's treatment. The three private nurses who were to be with her postoperatively began duty the day before operation so that they could become acquainted with the patient and familiarize themselves with her condition. As part of their orientation, one of Moira's doctors discussed with them the condition, the operation to be done and the postoperative care required.

The evening before operation, Moira was given a very thorough skin preparation which was repeated the following morning. Her blood pressure reading was 170/100, her weight 95½ pounds.

Before the patient came back from operation, her room and its furnishings were thoroughly washed with a lysol solution. The bed was made up with sterilized linen and taken to the operating room. All equipment, including drugs, was assembled in Moira's room and each item, where it was practical to cleanse it in this way, was washed with lysol solution.

PLANNING FOR POSTOPERATIVE CARE

The pattern of care evolved for the postoperative period was based on:

1. Anticipated developments in Moira's condition.
2. Understanding of the effect of such surgery on total body function.
3. The laboratory investigation required in estimating the body's return to normal function.

It was anticipated:

a. That the electrolyte and fluid balance of the body would require careful checking and maintenance.

b. That the rapidity with which the uremia subsided would be a good indi-

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Miss Harris, a graduate of Royal Victoria Hospital, Montreal, was one of Moira's private nurses. Dr. Dossetor a member of the renal service, in association with Dr. MacKinnon was in charge of the actual care.

cator of the success of the operation.

c. That bladder and anastomosis leakage were both possible complications.

d. That infection as always must be considered a possible complication. Spread of infection to the transplanted kidney might have grave consequences.

e. That emergency equipment would have to be constantly at hand to deal with any sudden crisis in the patient's condition.

f. That when nourishment could be taken by mouth the diet would require careful regulation until the kidney function approached normal.

g. That all orders related to the care of the patient would require channelling through one specific authority who was completely familiar with *all* aspects of the patient's condition. Where so many medical and surgical consultants had seen the patient at various stages in her illness there was ample opportunity for conflict of ideas.

Practical application to Moira's nursing care of the foregoing required:

1. Meticulously accurate estimation of intravenous intake and body output in order to maintain fluid and electrolyte balance.

a. Intravenous bottles were numbered in sequence.

b. Intravenous fluid in the container beyond the amount ordered for the patient was discarded before administration.

c. A regular time check was made on each bottle of intravenous fluid while it was being administered.

d. When vitamin preparations, potassium chloride and sodium bicarbonate concentrate were added to the intravenous fluid, the volume of the fluid had to be adjusted so that the patient received only the required amount.

e. The urine drained into bedside containers stored in small frigidaires.

f. Dressings from the wound and vaginal pads were weighed to determine fluid lost.

g. When bladder irrigation was performed the amount of irrigating fluid had to be known, the return flow was measured and the difference in the volumes had to be noted. Plain sterile water was used for irrigating purposes since saline solutions would have affected the electrolyte balance.

h. Stool was weighed for fluid content.

i. Alequots (portions) of all collected specimens of vomitus and urine were sent at regular frequent intervals for biochemistry determination of sodium, potassium and chloride.

j. Blood serum levels for sodium and potassium chloride, carbon dioxide levels, non-protein nitrogenous products and creatinine had to be done at frequent intervals. The amount of blood withdrawn each time was noted in estimating fluid balance.

Electrolyte and fluid balance estimation was done on a three-hourly basis for three days, then every eight hours for three days, every 12 hours for a similar period of time and eventually once a day. The accuracy of the estimated fluid balance of the body was checked by weighing the patient regularly — first on a bed scale and later a chair scale.

Wall charts of blood pressure readings, NPN estimation, and other similar information were prepared and gave a graphic picture of Moira's condition at any specific time.

2. Prevention of urinary tract and wound infection, and of infection of any type was a major concern. This called for parenteral and later oral antibiotic therapy and eventually local application of terramycin powder to the wound. Frequent urine cultures helped indicate the success of this phase of treatment.

In addition to prophylactic drugs, the nurses used an adapted version of surgical aseptic technique.

a. No drapes or venetian blinds on the windows.

b. All linen was sterilized by autoclaving.

c. The floor and all fixtures in the room were washed with lysol solution daily.

d. Operating theatre gowns, boots and masks were worn *by anyone* entering the room, including the nurses.

e. The patient's head was kept covered with an O.R. cap.

f. The hospital staff had very limited access to the room.

g. Visitors were limited to members of the immediate family.

h. A telephone was installed in the room to limit traffic even more.

i. Sterile gloves were worn when dressings were done.

j. The urine was collected in a Duke's

drainage bottle — equipment very similar to the familiar sealed chest drainage units — in the frigidaire. This bottle was changed each day. The sealed drainage helped to avoid the possibility of retrograde infection.

k. The nurses estimated the equipment necessary for each term of duty and collected it all at the same time — again to avoid traffic in and out of the room. Each nurse left the room at meal-time only, changing her uniform for the purpose.

3. Preparation for emergency care included the following equipment:

a. Mouth gag
b. Pressure oxygen mask
c. Intubation tube
d. Tongue forceps
e. Tracheotomy set
f. Sterile set for venous cut down
g. Examining basket
h. Emergency drugs — cardiac stimulants etc.

Postoperative Nursing Care

Moira received both spinal and general anesthetic. On return from the operating theatre, she was already beginning to respond verbally. Her blood pressure was 120/100, temperature normal, pulse rate 126. The following treatment had been instituted:

a. Gastric drainage by means of a Levine tube and Wangensteen suction.

b. A venous cut down in her right arm to which was attached an intravenous injection of dextrose 50% solution.

c. An intravenous in her right leg through which she was receiving a second bottle of solution.

d. A cystostomy tube and ureteral catheter had been inserted and had to be connected to the drainage unit. A few drops of bright blood were draining from the cystostomy tube and blood-tinged urine was trickling from the ureteral catheter. All dressings appeared free from drainage.

Moira was restless and an injection of demerol was given shortly after her return to her room. She was started on deep breathing and coughing exercises and leg exercises immediately. Her position was changed every two hours. Vital signs were checked hourly, the temperature being taken rectally. By 6:00 P.M. 810 cc. of urine had drained from the ureteral catheter.

The NPN and creatinine content of the blood serum fell rapidly. Within 24 hours, the NPN reading dropped from 172-60 mg. per cent. Normal levels are estimated at 25-35 milligrams per cent. Thereafter the urine volume decreased and the blood NPN stabilized at 60-70 mg. per cent until the ureteral catheter to the transplanted kidney was removed and then the NPN again subsided slowly.

The day following operation Moira was started on testosterone propionate 50 mg. intramuscularly in order to reduce protein breakdown. She received this medication for a total of 12 days. Moira experienced very little postoperative pain — her greatest discomfort seemed to come from the Levine tube and this was withdrawn on the fourth postoperative day. On that same day she was allowed water by mouth.

The ureteral catheter was removed on the fourth postoperative day also and a Foley catheter inserted through the urethra. The bladder was irrigated with neomycin solution — 5 grams in 1,000 cc. distilled water — every four hours. A slight redness was apparent at the base of Moira's spine where she had had a boil prior to surgery and her anus was excoriated from bowel movements. Thorough soap and water cleansing, a protective cream, and posturing the patient on her side or using an air ring when she was lying flat prevented further difficulty.

By the fifth day postoperatively Moira's weight had dropped to 88½ pounds. Her cystostomy tube was removed the following day and four days later the Foley catheter was removed since it was causing considerable discomfort and not draining well. A few hours later it had to be reinserted because of urinary retention and fear of reflux in the transplanted ureter.

On her 12th postoperative day, Moira started on a carefully regulated diet. The diet was prepared by the metabolic research kitchen and was based on a gradual and steady increase in the protein content. The composition and content of each meal was accurately and carefully determined. Uneaten food was analysed as to quantity and content and the record of intake

NOLA, MOTHER AND MOIRA *(Gazette, Montreal)*

adjusted accordingly. Vitamin preparations, potassium and sodium chloride and iron compound were given as dietary supplements. Moira was also given a sulpha preparation as a prophylactic measure against infection. By the 14th day all intravenous injections were discontinued — Moira had had a total of 85 bottles of fluid. She was encouraged to drink 1500 cc. of fluid daily.

On the 17th day is was considered safe for the nurses and doctors to discontinue the very strict aseptic technique that they had been following. The Foley catheter was removed so that Moira could resume normal voiding and she was permitted to sit on the edge of her bed. However, the next day her temperature was elevated to 104.2 degrees and she complained of abdominal pain. Aseptic technique was reestablished, the Foley catheter inserted once more. Her doctors felt that there must have been extraperitoneal leakage from around the suprapubic cystotomy opening into the bladder. The skin opening had healed but the bladder opening could still leak and had caused the febrile reaction. The episode was brief and Moira was nursed in semi-Fowler's position to promote good bladder drainage. Two days after this sudden flare-up, she sat in a chair with no ill effects and shortly afterwards was encouraged to walk around.

Indication of infection of any type was always cause for concern. The appearance of small pimples on Moira's face was an example of this. Her face was washed with an antiseptic detergent and Bacitracin ointment applied with good results.

Three weeks after her operation Moira's urine became clear. The Foley catheter was removed for the last time and the patient was required to void every two hours day and night. This regime was considered helpful in the event that she might have reflux of urine up the ureter.

Moira was a very cooperative little patient throughout her hospitalization although during her convalescence she showed noticeable depression and required much "cheering-up." She was discharged approximately five weeks after surgery. Her blood pressure at that time was 120/90, her weight 86 pounds. Discharge medications included vitamins, a sulpha preparation — Kynex — for prophylaxis and a urinary antiseptic — Mandelamine.

Moira's story has a happy ending. At last report she had gained 30 pounds and her transplanted kidney was functioning equally as well as her sister's remaining kidney. Moira and Nola are now average teenagers engrossed in school activities and other interests common to youngsters of their age. Probably they are slightly more health-conscious than most teenagers but that is a necessary factor because of their particular circumstances.

CONCLUSION

Renal transplant is a recent development in urological surgery. In formulating a plan of postoperative nursing care, the routine evolved was based upon anticipated reactions of the body to such extreme surgery; the knowledge that the body's resistance to infection was already low from the uremia and the extreme importance of preventing infection of any kind — but particularly of the urinary tract.

The anticipated reactions developed essentially as had been foreseen along with other reactions which were detected early because of the meticulous nature of the regime of care. It was discovered, for example, that when the protein intake was high, the rate of weight loss increased. The increased amount of excreted urea caused osmotic diuresis — an increased loss of sodium chloride from the body through the urine. Protein loading also caused the NPN to rise but the creatinine estimation did not which ruled out renal dysfunction. It was felt that the creatinine factor was of much greater importance in determining renal function than urea estimation.

Nola, the healthy twin, was discharged from hospital after an uneventful recovery from a simple nephrectomy. Moira is obtaining satisfactory results from the transplanted kidney and her prognosis can be considered very good.

In the Good Old Days

(*The Canadian Nurse* — JUNE, 1919)

The machinery that we need to unify and control nursing education . . . is a Board of Licensure of Training Schools which would determine whether or not a training school should exist, under what conditions the pupils in that school should live and work, and, above all, outline clearly and unmistakably the nature and amount of instruction to be afforded.

* * *

Application was made some time ago by the Montreal School of Masseuses for affiliation with the Canadian Nurses' Association. After much discussion on the subject, it was decided that the members of the school could only join the Association as individual members.

* * *

It is stated that by means of a new x-ray invention, just completed in London, it is possible to watch the heart beating. It is seen in relief like a stereoscopic photograph.

In Norway, persons about to be married must declare in writing that they are not suffering from epilepsy, leprosy, syphilis or other venereal disease in an infectious form . . . A physician is bound to interfere if he knows that any one of these diseases is being concealed by either party.

* * *

The idea of training schools as entities in themselves, apart from the hospital they serve, as educational institutions comparable to our secondary and technical schools, has entered the minds of our public men.

Things cannot always go your way. Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints.

— SIR WILLIAM OSLER

Is Nursing at the Service of Patients?

JEANNE REYNOLDS, B.Sc.Ed.

SURROUNDED BY BOOKS, journals and articles, all pertaining to nursing care, I have paused to consider. These represent the scientific references one finds in our various professional publications. This imposing wealth of knowledge makes one contemplate with admiration the progress accomplished up to this time, but it also induces an analytical approach toward what all this progress means to nurses. The following questions cannot but find their way into our minds:

a. Is modern nursing really serving the patients?
b. Are our patients psychologically keyed to modernized nursing?
c. Do nursing efforts tend to humanize our care?

I know that these three questions, and all they imply, may stimulate pronounced reaction among nurses. They may be so upsetting that some of us will feel indignant, while on the contrary others may become quite hopeful. For some, then, there will be a feeling of protestation against the idea of any doubt regarding the real value of our efforts which are directed, without exception towards the realization of better service to patients. Others may express the hope that at last, we may become better understood with regard to the difficulties we are facing during a period of profound change which — let us admit it — forces us to a degree of progress that we cannot measure. What shall we do?

Is modernized nursing really at the service of our patients? Could it be that the patient is at the service of nursing? A sound philosophy must guide our thinking. A human being is made of mind and matter, with all that this entails. Thinking, speaking, acting and reacting will all bear the characteristic marks of this union. When a human being goes through any type of disturbance — physical, psychological, intellectual or moral — his functional unity, which we recognize, does not become dissociated. On the contrary, the whole person, mind and body, is suffering, and needs care. The persons responsible for giving nursing care have an obligation to follow this basic philosophy, and to respect its values while performing this service. We must recognize that nursing theory — as a whole, down to its minutest details — has been developed with the constant wish to improve care. Therefore, we must theoretically affirm that modernized nursing is designed for good care.

However, who among us can ignore what the practical application of newly acquired knowledge costs in effort? Counting heart beats might seem like child's play to a young girl just entering nursing, until she discovers on the day that she applies the technique to a living person, that she is *practising an art,* and that some pulsations are extremely difficult to find.

What can be said then of the art and science of nursing care? The attention to minute details — all of them important, the care required which demands professional integrity and a well-balanced personality, the complexity of certain medical orders — all of these factors combine to take possession of the nurse's heart and mind, to concentrate her efforts towards attainment of perfection in her work. All this is good and should be so. Moreover, so that this attention will remain at the service of the patient in a practical way, certain essential conditions are required.

The nurse must be a *presence* to her patient each time her service brings her to his bed side. In order to be and to remain *present,* the basic principle of "stop, look and listen" must be applied. To be able to "stop, look and listen," the nurse must possess emotional poise and be able to adjust skilfully, systematically, actively to the diversified situations in which she finds herself. In order to develop this mastery, the nurse must be continually aware of an integral humanism within

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Miss Reynolds, is director of personnel education at St. Luke's Hospital, Montreal.

herself. She must feel the need to practise a certain spirituality of *presence* towards the passing moment, the duty to be performed and the human being with whom she must establish contact.

Each time a nurse is near a patient to give service — and at the same time, remains aloof from him in her thoughts — this suffering human being, who regardless of his rights is not treated as such, becomes a being at *her* service. His usefulness to her becomes the meaning of her work. He is then a "case" to whom she must give the prescribed medication; the "case" who must be prepared on time for scheduled operation, or must be made ready for the required examination. He is no longer the *human being* who must be prepared for his operation or to whom medication must be given with care.

Is it possible that the nurse's thinking, instead of being centered on her patient as a human being, is mainly geared to the specific technique of such and such a case? Through this attitude, the technique misses completely one of its most essential goals — that of increasing the speed of reflexes by repetition, thus freeing the mind for more attention to the care of the whole human being who is receiving the treatment. A technique, thoroughly mastered, leaves the mind free. On the other hand, a nurse whose technique is imperfect through lack of proper training, is handicapped and moves around aimlessly, without knowing how to "stop, look and listen."

This failing is true of us all and to a more or less serious degree, it is true of our profession as a whole. It forms the discrepancy that always exists between theory and practice, as well as between reality and ideal. The first step towards the mastery over self and matter is an honest recognition of this fact. Refusing to admit this failing, is a sign that pride has become too deeply rooted within ourselves, and remains our master. Each time a member of the nursing personnel is not *present* in the full sense at the bedside of a patient, that patient is at the service of nursing.

Man, is cheated of his most sacred right when matter imposes its power over him. This leads us to our second consideration.

Are our patients psychologically adjusted to modernized nursing? Is the psychological development of the human being, sick or well, able to tolerate the application of modern techniques? If so, to what extent?

It is difficult not to wonder when one hears patient's remarks on this subject, and the criticisms of members of the paramedical professions.

Techniques must change with technological developments but in applying these perfected techniques does our attitude towards the patient show improvement or simply changes which are beyond the possibility of reasonable adaptation? Have we been forced to lose the point of view that we are looking after a human being who has been made more sensitive by illness, and who requires in our service to him not only a high degree of intelligence but also a great deal of sympathetic understanding. The drama is at this point. The nurse is still aware of the needs of her patient, but time, or the lack of it, forces her to sacrifice the most precious aspect of her role as a nurse.

If we question ourselves further, we may bring out these other points:

a. Do we really distinguish between purposeful activity and "busyness"?

b. Have we developed a greater capacity for action, or are we just "busier"?

c. Do we control our duties, or have they gone beyond our scope?

d. Is our work a source of enrichment and of more complete integration of all intellectual and scientific values, or are we being compartmentalized, disintegrated by our work?

Now let us consider our patient and try to understand the problems that he has to face. The patient who must be given our best attention is the one who has just been deeply disturbed by a diagnosis which will completely change his way of life; the one who is fighting death; the one who expects to be hospitalized for a long period of time. He wonders anxiously: why have I this illness? Why me instead of another? What is going to become of me? What will my family do without me? The patient who is anxious and suffering needs others to help him face his problems. Very often he will prove equal to the test only through the devotion of the nurse, a devotion tempered with humor and understanding. He will form his opinions more on her glance, her tone of voice, her gestures than on the perfection of the care that he receives.

We must admit the painful truth that "in order to give adequate nursing care" many of us have forgotten the patient as a person. Therefore, the patient's psychological needs are not met and an increasing misunderstanding grows between patient and nurse, while the latter fails to fulfill her rule as an educator and a comforter.

A thought expressed in Holy Scripture comes to mind: "La Lettre tue, c'est l'esprit qui vivifie." The letter which kills is the remark made, technically correct, but without feeling, without warmth. It is simply a gesture, a sterile formality.

If the spirit with which we give nursing care has such a great influence on the psychical forces of the human being, and subsequently on his physical state, what is the value of the inner power from which all of our actions spring? From the flame of this inner power comes to us the gift of *light* and reformative action. We have become in some way "dehumanized" through inadequate adjustment. Must we stay at that stage?

How can we humanize nursing care?

I would like to bring to your attention two particular means of doing this. First, the organization of real teamwork requires team spirit. In the second place, the creation of an orientation and educational program for nursing personnel.

Team work

A description of the way teamwork is carried out is not relevant here except to indicate its objectives. The aim of teamwork is:

a. To provide care for the patient that takes into account his total needs.

b. To limit the number of patients in a given situation in order to safeguard the individuality of the patient and of personnel caring for him.

d. To maintain a stable personnel in the care of the patient.

e. To provide work satisfaction for the various members of the personnel through assignments based on individual capacities and aptitudes.

The main goal of teamwork is to promote a common effort towards alleviation of illness, understanding and adequate treatment of the patient, while, at the same time, providing personal satisfaction for each member of the nursing team.

This common stock of human values, can be exploited by a dynamic program of orientation and education for the nursing personnel.

Program of Orientation and Education

The purpose of this program is to promote the cultural, moral, professional and religious development of each member of the health team, for the purpose of speeding up the adjustment of each one to technical developments.

These are some ideas presented to you for consideration. The humanization of a hospital milieu cannot be the task of a single category of the personnel, but must be a united effort on the part of all personnel. A single glance at the general plan of development will prove that numerous efforts in humanization are being made in many places. We must try, as nurses, to play our roles harmoniously remembering that the nobility of our profession lies in the demands it imposes on us, in the obligation to go beyond ourselves to serve the patient in spirit and in truth.

Children's griefs are little, certainly; but so is the child, so is its endurance, so is its field of vision, while its nervous impressionability is keener than ours. Grief is a matter of relativity; the sorrow should never be estimated by its proportion to the sorrower; a gash is as painful to one as an amputation to another. — Francis Thompson

Clubs at which senior citizens may meet for social activities, hobbies and forming new friendships, have been established in many communities in Canada. It is found that these clubs help to prevent the loneliness that is often the cause of mental and physical illness in old age. — *Dept. of National Health and Welfare.*

The Other Three R's

W. HARRY HICKMAN, PH.D.

Some aspects of professionalism

IN SPITE OF ALL the current criticism of the teaching profession and our schools, it is fairly safe to assume that all young people who set out to prepare themselves for a profession have some ability in reading, writing and arithmetic. Nurses need to read thermometers, write reports and practise arithmetic, if only to count pills and match the patient to the number on the door of his room. Moreover, they should be able to add, subtract and divide — to add up the number of hours per week that they are on duty, subtract imaginary ills of their patients from real ailments, and divide their attention equitably between their duties and their leisure hours.

Are the other three R's descriptive of the life of a nurse, who must endure the reeling, writhing or rheumatics of her patients? Unfortunately, I haven't the experience or the wit to develop and embroider a talk based on such reeling, writhing and rheumatics.

Should I therefore be practical and realistic by listing the three R's which we professionals who choose to serve mankind, should expect as our due from society? We would like (1) respect (2) recognition (3) remuneration. We would like to demand these important attitudes and rewards of society — we cannot have them unless we are truly professional people, possessed of the basic qualities that make us worthy of respect, recognition and adequate remuneration.

It seemed to me that I should attempt to define professionalism with the hope of discovering three R's which might describe the qualities that the world should expect of us! I turned to books and articles for a definition, only to find that writers have agreed that "a general definition of profession, satisfactory to everyone, is impossible" — because all attempts to define it have caused nothing but controversy and protest. Carr-Saunders and Wilson, after extensive treatment of the characteristics of a profession conclude, in delightfully non-committal fashion, that "certain vocations, possessing the following characteristics in a greater or lesser degree, approach more or less clearly to the condition of a profession." In briefest form, here are the five most important criteria:

1. Professional activity is intellectual and responsible in character. A true profession involves responsible brain work. Here is the first R — *responsibility*, to which I shall return later, for it calls for judgment, individual performance and understanding.

2. A profession is based on a body of general and specialized knowledge. Nurses will agree on the skills that are to be mastered in a training school. They will agree that only those capable of mastering the course of studies should enter and should graduate from the school. Of course, as our world and its inhabitants change, certain changes will take place in curricula. There will be a great need, for instance, for more care for the increasing numbers of the elderly as well as the emotionally disturbed citizens,

3. A profession has practical objectives. It would be rather futile to study law, medicine, or nursing in a purely academic and theoretical way; one always intends to apply and to practise one's knowledge. Otherwise it would be useless, and would rust away.

4. The prime motive of a profession is altruistic service. Although it is quite proper to desire praise and pay for one's professional services, a truly professional person decides at the most idealistic of ages (around 18) to enter a career in which he or she could be of service to humanity. No doubt complete devotion is an ideal, often compromised, and yet most professional people would admit that there are faster ways of making

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Dr. Hickman, who is principal of Victoria College, Victoria, B.C., presented this address at the annual convention of the Registered Nurses' Association of British Columbia last year.

money, and that they deplore the lack of ethics of the few who use medicine or law or music or religion for monetary gain.

5. A profession moves toward internal organization and self-government. Your association was founded to draw registered nurses together, to establish and maintain standards of training, practice, and service. Non-professionals form organizations for more selfish purposes. Heaven help the professions if a time comes when their members meet mainly to assure themselves of more power and more money! I am very disturbed that professional women should have to struggle so much for money. I believe that publicity and haggling threaten to undermine the idealism which I feel should be so strong in dedicated persons.

Those, then, are the five criteria which characterize a profession. It is not for me to decide where the line is drawn. Traditionalists might demand a university degree of all professional men. Yet in our modern society, more and more groups are seeking status — society does not refuse it to pharmacists, librarians, dentists, officers in the forces, actors, journalists, architects — but what about plumbers, hairdressers, real estate salesmen? Not all of either group have a university degree. All of them do organize themselves into groups, announcing that they wish to safeguard standards of the services they render. Garbage collectors and automobile salesmen have standards, and a code of ethics. They wish to be competent and they wish to be respected.

Without appearing academic or snobbish, how will men differentiate? There will be fringe groups — between the old-established professionals and the ambitious upstarts. Without entering into a sociological controversy, we should protect ourselves and our associations by maintaining an inner integrity — an idealism — a professional attitude towards work and towards pay, and towards all men — colleagues, clients, employers, general public and self. This inevitably brings me back to the first of the traits — that of intellectuality and responsibility.

Dr. Sterling, President of Stanford University, has described an educated or civilized man — he was talking to new university graduates — as the one who can entertain a new idea, entertain another person, and entertain himself. This is a neater way of emphasizing what I called attitude towards one's work, towards mankind and towards one's self. From time to time, we should ask ourselves if we can entertain, accept, analyze, a new idea. And how do we entertain, "put up with," treat, consider, respect or psychoanalyze our fellow men? Are we tolerant? Are we selfish? Are we sufficiently altruistic?

It is a difficult and complex matter to try to judge one's self — and one's attitude towards life. Modern literature portrays many modern men. I like the contrast that emerges from the analyses of three modern men described by three modern French writers of great talent in three short stories which we studied in French classes this year. Like which of these men are we?

Albert Camus, the Nobel prize winner, whom you may know through his symbolical novel *La Peste,* in which he describes how different men act under pressure in a city isolated by the plague. The hero, by the way, is a doctor who helps men but sees through men. When the city is liberated, everyone rejoices wildly except the doctor, who is realist and pessimist enough to know that the bacillus of the bubonic plague may be dormant for years, but that rats will inevitably carry it periodically to infect other cities. This novel was particularly significant, as, during the German occupation, Frenchmen, isolated from the rest of the world, acted in various ways — as collaborationists and as resistance workers. When liberation came, people rejoiced, but the realist and the pessimist contemplates the possibility of war (the plague) recurring at intervals to punish and cause suffering to men.

In his other famous novel — *The Stranger,* Camus, the Existentialist, describes the indifference, the hopelessness of the modern man who is at odds with his fellows, a stranger to whom society is an organized enemy. He has no beliefs, no hopes, no ambitions. Death is a happy release.

Another modern man is the man of action as portrayed by André Malraux in *Tchen,* the Chinese Communist, who does not believe in God, who does not believe in Man, but in political power. Here is an egoist, willing to die for a political faith. Tchen, too, is out of touch with his fellows. He decides to save the world — alone. In a desire to assassinate Chang-Kai-Shek, he throws himself with a bomb under the General's car — which was empty. Such futility — nothing of value accomplished!

The third story is by Saint Exupéry — author-aviateur, philosopher and man of courageous action. His hero is *Mermoz*, who pioneered in establishing air routes across the Sahara Desert, over the South Atlantic, over the Andes mountains and by night flights. To an aviator, alone, engaged in battle against the forces of nature, what is the greatest luxury? The beauty of a rose, of a star that money cannot buy, and most of all the treasure of friendship — friendship which grows among people who work together, know and face the same difficulties. I'm certain that you, as nurses, agree with St. Exupéry on the value of friendship and the importance of human relationships.

Another of his heroes — his life-time flying friend, Guillaumet — survived a crash in the Andes after struggling through cold and ice. Upon his return to civilization, his first words were — "What I did, no animal could do!" Why, says the author? Because Guillaumet had the greatest of human virtues, which is not courage, but a sense of responsibility, a desire to struggle and live because he felt a responsibility towards his family, his comrades, his life's work and himself. He calls it that feeling of responsibility which urges man to place his stone in the structure of progressing civilization.

To illustrate further, St. Exupéry tells the story of a gardner — he must have been a professional gardner — an old man who had worked hard, cursed his lot at times, but who regretted dying because he was conscious of all the digging and pruning yet to be done. Life to the noble, honest, competent, responsible being, then, consists of laboring to the betterment of the world and its inhabitants. As nurses and doctors and teachers, that is what we wish to do . . . Perhaps I've sounded moralizing — but how can one speak of the first of my three R's without being serious? I have let a French aviator speak for me on responsibility, which in the professions implies and demands discipline and intellectual achievement.

Education, and more education, "continuous learning" (that motto of adult education) are essential to us as the leaders of society. For nurses, Florence Nightingale realized this when she wrote:

> Unquestionably the educated will be more likely to rise to the post of superintendent, not because they are ladies, but because they are educated.

Entrance to many newer professions will be through the universities. In many fields, there will be two kinds of people: technicians and full professionals.

This has happened in libraries. There is a dearth of professional librarians who require a B.A. and one year in Library School. Since there are too few graduates, many of the specialized routine jobs are being done by non-professional librarians, university graduates without the techniques of cataloguing, selecting and advising.

There must be many professional engineers doing work which could be accomplished by highly trained technicians. Teachers under the College of Education will require a four or five-year degree before being true professionals. There is no harm, in the meantime, with continuing the old "Normal School" scheme — now called an Emergency program, which trains teachers in one or two years. It trains them to do quite a fine job, but it does not place these people as professionals comparable to lawyers and doctors. They are trained, but not fully educated; they might be called teachers-in-training, but not master teachers until they reach professional standards.

So, with nurses, surely there are many types of work that can be done by well-trained technicians — (do you call them assistants or auxiliaries?). More and more the responsible, administrative and supervisory work will require, as in teaching, a five-year university-type course.

Another real problem — in spite of the fact there are five times as many professional people as 100 years ago, is the shortage of such.

> The dilemma confronting almost every profession is whether its members shall concentrate on strictly professional work

> and lose their power to direct it, or learn administration so as to be able to remain in control of it, thus losing the time to practise it. Administration is devouring professional talent at a phenomenal rate: every profession faces the problem of producing enough managers and organizers.

No one can prove that brief training has not produced brilliant, efficient and well-trained nurses and teachers. Are they judged, though, by their brains, personality, charm and enthusiasm? Often we call them "born teachers," "born nurses."

What I foresee, is, that in the social structure of the future, teachers and nurses, in order to count themselves professionals along with engineers and doctors, in order to meet the complex requirements of our scientific age, in order to understand the individual in society, in order to demand his respect and his dollars will be obliged to lengthen and deepen their professional standards along the lines of education in sociology, psychology, history, social sciences, communication, and the liberal arts.

We have come to expect efficiency in business; science has given us mechanical efficiency; now we must work for social efficiency . . . not a vague welfare for mankind, but a planned, socially scientific means of treating efficiently the individual in society.

But, instead of visualizing the future, it might be more practical to consider what can be done now, for us, who wish to be up-to-date, efficient, contributing, members of our professions. I'll call this second R — *refreshment*. This refreshment can be obtained in many ways for two or three main purposes:

1. To improve one's competence in one's special field.
2. To broaden one's general outlook, one's understanding of the whole world.
3. To increase one's zest for life.

More than ever before, adult education in universities is developing programs to meet the needs of educated people who wish to be more educated.

To the nurse who, like the doctor, is more and more conscious of medicine as a social science as well as a biological science, there is the need to study sociology, and psychology. Through reading and refresher courses and discussion groups, you will learn more about the whole patient, who may not be sick, poor or underprivileged, but who, ill in the chaotic society in which he lives, requires that you know something about the economic and emotional sides of his life, something about his environment and his anxieties.

> There is no reason why the social data should not be of the same scientific value as those from the laboratory or x-ray department. The time is gone when we had to content ourselves with information on the composition of the family, number of rooms, rent, sleeping arrangement, and the questionable presence of a bath, when asking about the social conditions of our patient. We know now that in order to understand the patient we must learn about his family relations, ties, and tensions, his work, friends, aspirations, hopes and frustrations, about his development, his attitude to his place in society, his habits, his compensating and escape mechanisms.

To remain alert and to grow, there is great value in exchanging experiences, ideas, attitudes and values with professional people in allied fields — I think of social work, pharmacy, therapy and administration.

In a book on adult education — "The University, the Citizen and World Affairs," the authors outline courses for attentive citizens stating that "a liberal education is indispensable to complete citizenship" and that the educated person must interest himself in local, national and international affairs. He must study such problems as crowded schools, teacher shortages, highway construction, unemployment, civil liberties, crime and delinquency, budgets and taxes, prices, conservation of resources, trade policy, national defence, foreign policy — all this, as a sort of supplement to the main study of one's special field.

It is exciting to realize the new role of universities everywhere on this continent as, over twenty years, they have developed adult education programs which assist in many fields of study and which, in the eyes of the authors of this latest volume should give us "an ability to face and assess facts, a capacity for critical judgment, an insight into pervasive themes in foreign affairs, and a theoretical understanding of international affairs."

I hope you will not consider it too much a *tour de force* for me to modulate from Refreshment through a synonym Re/creation of self to *Recreation* or *Relaxation* or *Repose* or *Respite* which I take as a third R.

In order to give the service we wish to give, in order to be responsible, to see in perspective the people of the world around us, in order to have a little serenity and balance, we must "get away from it all." This is difficult for tense, sensitive, conscientious people in a life of speed and pressure.

Each person will find a way of resting and refuelling. Can you forget everything else in the garden, at golf, at the piano, in a good book? It may be that relaxation can be creative or contributive. It may be on a very personal and individual basis or through a group or community enterprise.

"Escape" may be found in painting, modelling, music, or crafts, in sporting activities. Or do you find a sort of second life in your church, or in a club or charitable organization? Do you take an active part in one community affair — symphony, art gallery, Women's Canadian Club, or Red Cross — or do you take a leisure-time evening course in Spanish, French, Current Events, Dressmaking, Antique Furniture, Rock Gardening?

Good intelligent conversation is an art. Recently I heard a friend of mine asking a group of men to assess themselves by applying Jules Romains' criteria:

> Small minds talk about people
> Medium-sized minds talk about events
> Great minds talk about ideas.

This desire and need for escape rises from the fact that we have minds and imaginations. Once more I could call on St. Exupéry to illustrate: In a fantasy called *The Little Prince*, the aviator meets the prince, far from man-made civilization. Alone, in the desert, he discovers this other self, a little person who understands him. The little prince inhabits a planet of his own where he tends one rose bush (symbol of beauty), where he has time to contemplate the rest of the universe which seems vast, materialistic and dull and routine.

To escape and relax, we must then give our imaginations a fair chance. We must seek romance — and that romance can be found through travel, through the creative arts, through a brief flight in day-dreams, just as well as through human relationships!

If, as professional people, we accept responsibility and seek refreshment for the mind and relaxation for the body and the spirit, I trust that we may the better deserve those other R's which are due to thinkers and leaders of society: respect, recognition and remuneration.

A 30-minute motion picture dealing with the over-all worldwide problem of cross-infections in hospitals will be produced cooperatively by the American Medical Association, American College of Surgeons, and the American Hospital Association. This timely film has been made possible by Johnson & Johnson Company of New Brunswick, New Jersey. The film will be in sound and color. It is designed to educate all levels of hospital personnel concerning the many avenues by which infection can be spread throughout a hospital. It will utilize the staphylococcus as an example of one of the most important causes of the problem.

Produced under the supervision of Dr. Carl Walter of Boston, Associate Clinical Professor of Surgery, Harvard Medical School, a pioneer investigator in this field, and a committee representing the AMA, ACA and AHA, the film will deal with the broad fundamentals of the problem and will lay the groundwork for its relation to specific fields in a subsequent series of short films. The film will have its premiere showing at the annual meeting of the American Medical Association in Atlantic City in June, 1959. The production of this film will be coordinated by Ralph P. Creer, Chicago, Director of Motion Pictures and Medical Television of the American Medical Association.

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All Canadian coins were minted in England until the establishment of the Canadian mint at Ottawa in 1908.

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A man gazing on the stars is proverbially at the mercy of the puddles on the road.

— ALEXANDER SMITH

The Relationship between the Quality of Nursing Care and its Cost

SISTER MANCE DÉCARY, M.B.E., B.Sc., Ed.N.

AN IMPORTANT economic factor to be considered in nursing is the quality and quantity of care required by patients over a 24-hour period, seven days a week, 365 days a year. To estimate costs specific norms must be established, either hypothetic or based on present standards. The factors affecting these norms must be determined and the advantages to be derived from setting up norms must be calculated.

The economic aspect of administration is dependent upon statistics and norms. Norms in nursing should be based on the number of patients in any specific service, classification according to illness, the type of care required, the number of professional and nonprofessional staff engaged in the care of these patients. To illustrate the means used to determine norms we can refer to the project carried out by the National League for Nursing in 1947; to a study done in nine New Jersey hospitals in 1951 or to a similar study in Ontario in 1954. Valuable information can be found in the analysis of nursing requirements in neurological and neurosurgical nursing as described by Miss Eileen C. Flanagan in *The Canadian Nurse,* November, 1955, and in my own case, from hospital records kept since 1951.

In evaluating the results of these studies, there is a range of 3.5-14.2 hours of nursing care in 24 hours. Physical care undoubtedly accounts for a major proportion of the time spent with the patient but these figures are more understandable when viewed in the light of the patient's emotional, social and spiritual needs as well. Some patients may require 3.8-4.0 hours of nursing care per 24 hours, for example in neurosurgery, thoracic surgery or certain medical conditions.

Mention should be made also of the care provided in an obstetrical unit where a permanent staff must be ready to receive 10-12 mothers and babies in 24 hours but where the "idleness" of certain periods would lead you to believe that the stork had gone on strike! In a specialty service such as this, the personnel must be maintained 24 hours a day exactly as in guard duty. It goes without saying that all of these factors have a marked effect on the cost of nursing in a hospital.

The following factors also have considerable significance and will modify nursing norms in varying degrees.

1. *The function, the aims and the philosophy of the hospital.* The governing board of an institution determines the pattern of care to be extended to the patients after taking into account any obligations stemming from university affiliation and research activities.

2. *The policies and customs of the hospital.* Are patients admitted to extra beds placed in corridors with resultant complications in service? Are patients admitted at meal times or during the evening? Are patients admitted to a department not equipped for the service which they will require? Any one of these factors will cause a fluctuation in the hours of work whether for direct or indirect care.

3. *The organization of the nursing service* as related to demands arising out of advances in medical science. The nursing load is increased by the type of treatments given as techniques are perfected which reduce the hospitalization period for the patient. Nurses are finding that the care they must give to patients is becoming increasingly elaborate. Statistics for one medical service showed that over a five-year period, treatments and medications given within a 24-hour period increased from 8.3 to 14.2 per patient. For one single treatment — intravenous therapy — there was a 700 per cent increase over an 18-year interval.

Sister Décary is director of nursing of Notre Dame Hospital, Montreal.

A few years ago blood pressure was taken by the attending doctor or the interne once a week. This has currently become the responsibility of the nurse and may be ordered as often as every 10 minutes. In some hospitals where internes are scarce, the nurse must assume other duties normally carried by the doctor.

4. People who compare hospitals which have identical bed capacities and offer identical services often forget to include *an evaluation of the physical facilities.* A study in one hospital showed that the nursing personnel spent 4.2 hours a day answering patient's call-bells and running errands. In contrast to this, another hospital equipped with an intercommunication system linked to patients' rooms and other departments cut this time to 1.8 hours. A poorly planned plumbing system, an inadequate number of elevators, oxygen tanks stored too far away, means a loss in the time spent with the patient and, conversely, requires an increase in nursing personnel.

5. *Conditions of work and delegation of duties* require emphasis. To a large extent these two will determine the number of professional and non-professional personnel required to give adequate care and thus have a direct bearing on drawing up a budget.

As a matter of fact, a 40-hour week requires 10 per cent more personnel than a 44-hour week. The simple question as to whether vacations are taken during the summer months or are spread over the year can change the work force needed.

6. *Work satisfaction* also affects nursing care. To have a stable staff, the personnel must be happy. The administrative tone must be such that the personnel feel that they belong to the hospital family.

This brings to my mind the story about the three carpenters who were working on a new home. When a philosopher stopped and asked them what they were doing, the first one replied, "I am nailing down boards." The second carpenter said, "I am putting on a roof." To the same question, the third carpenter replied, "I am helping to build a house where a family will live and enjoy many birthdays, Thanksgiving days and Christmases together for years to come."

In conclusion, a study of the foregoing factors can serve as a foundation for developing a plan to control the cost of nursing care. Once familiar with these factors, in a few minutes each day the director of nursing can check the personnel in each service, decide if the staff is adequate to give the best and most progressive care. When proportions appear inadequate to her, or seem to overstep the bounds, she can make the desired adjustments immediately. It is a good idea to report the actual conditions each week or each month to the administrator. In administrative budgetting, norms are indispensable particularly when it is realized that about 60 per cent of the budget for hospital salaries are charged to nursing service.

A word of caution is necessary here. Let us always keep in mind that the aims of all hospitals are dependent upon human factors. Consequently, it would be unreasonable to attempt to reduce the process of administration to a simple listing of figures. Statistics are valuable only inasmuch as they make possible more complete cooperation in the care of the sick.

No man is really happy or safe without a hobby, and it makes precious little difference what the outside interest may be — botany, beetles or butterflies, roses, tulips, or irises; fishing, mountaineering or antiquities — anything will do so long as he straddles a hobby and rides it hard.
— Sir William Osler

* * *

There is only one thing in the world worse than being talked about, and that is not being talked about. — Wilde

An American doctor, a pioneer in the application of statistical methods to biological phenomena, was known for his studies of human longevity. He once suggested that the surest way for a person to live long was to pick out two parents and four grandparents whose ages at death would add up to over 500 years. — American Heart Association

* * *

We know nothing of tomorrow, our business is to be good and happy today.
— Samuel Coleridge

Writer's Cramp

Fred W. Poland

Nurses, you too can suffer from writer's cramp! This painful constriction is perhaps most likely to afflict you when you set out to "get something down on paper" for *The Canadian Nurse*.

What follows is not a Madison avenue treatise on the physical phenomenon in the pen hand, exhorting you to rush right out and buy a new nostrum that will relieve the condition with minimal side effects. It is rather concerned with the feelings of a nurse, whose commonest literary experience is concerned with a patient's chart. Then she is asked to write an article for the *Journal!*

This article had its origin in the orientation program for the editorial advisers when your editor asked me to set down some suggestions that might help in the preparation and writing of a journal article.

One of our best magazine writers has a colorful method of tackling his first draft of an article after he has completed his research and interviewing. He writes out his notes rather fully on sheets of paper of various sizes, then pastes them in rough order on long strips of brown paper which he hangs on the walls of his office round his desk.

Then he starts editing with a thick pencil, rewriting as he goes and gradually whipping the piece into shape from one draft to the next.

As a *Canadian Nurse* correspondent or feature writer, you are not likely to need such an elaborate system. But you will probably find it useful to arrange your notes in some order, approximating the way they are going to be used as you write the piece.

Professional news writers are early taught to get into the first paragraph as much as possible of the answers to the classic questions: Who? What? When? How? This is because the piece may be cut from the bottom up by an editor in a hurry and vital information included too low down may be lost.

You are not concerned with the first paragraph. But you may find it convenient to check off the answers as you arrange your notes so that essential elements are not forgotten.

Then simply fire away with typewriter or ballpoint in a relaxed manner, much as if you were writing to a friend — with perhaps this difference. Try to start off with something designed to interest the reader at the outset. As you go on with the article, ignore anything in your notes that is not strictly pertinent to your general theme or does not really seem interesting and likely to sustain the reader's attention.

The readership survey showed the popularity of the case history as a form of writing up material of professional interest for *Journal* readers. Even here a little ingenuity can sharpen the introduction into a teaser.

For example, a lead sentence might read: "Routines for nursing a case of double appendectomy are exacting and exhausting, calling for special effort on the part of personnel." The reader's reaction is likely to be, perhaps unconsciously: "Must read that later — most important."

But how about: "Mrs. A. a 23-year-old three-headed farmer's wife in good general health, was admitted to the surgical ward for what was planned as a humdrum removal of the appendix. Interest of nurses as well as orderlies was heightened when it was learned that she had two appendices and might qualify for a wholesale rate." Surely most readers are going to want to look further into the article — right now.

In more serious vein, remember that over half your readers are general duty nurses and that their favorite magazine reading includes *Reader's Digest, Maclean's* and *Time* magazine. It may pay you to study some of the pieces in these magazines and notice the techniques they use to capture and hold reader attention.

Mr. Poland is medical editor with *The Montreal Star.*

Paste on the front of your typewriter the slogan: "Short sentences — simple words."

Having those general duty nurses in mind, it will probably pay you, even in a fairly technical article, to insert in brackets a simple explanation of a scientific term which it is necessary and proper to use in telling your story to professional colleagues.

How You Can Help

NORMAN R. BEAUDIN, C.L.U.

THE CNA NEEDS the cooperation of every nurse in publicizing the advantages of its Retirement Plan.

Your CNA Pension Committee has kept constant watch on the progress of the association Retirement Plan since it came into active organization in September 1958. It is their duty and responsibility to report to the CNA Executive and make any appropriate recommendations to make sure that the retirement plan is fulfilling to the utmost what it was designed to do and give every member participant maximum future security.

In the few months that the plan has been in operation, Plan A, which was designed for the individual private duty nurse, has been developed according to plan and is doing everything that was expected of it. Applications and the enthusiastic interest of the members is a vote of thanks and appreciation for the hard work that has gone into the planning research, promotion and administration necessary to make the plan available to the members of the association. Your pension committee is indebted to the provincial associations and their executives, *The Canadian Nurse* and many other groups for the wonderful cooperation and effort in helping to make the plan known and understood by the CNA members. It is the sincere hope of everyone concerned that more and more members will take advantage of this arrangement for their individual security and thus enable the plan to reach maximum potential.

Our experience in the promotion of Plan B with hospitals and other employers who have nurses on their staff, has been such that it was obvious that the plan in its original form would not completely achieve its aim. The reason for this is that these prospective employer participants would not entertain a pension plan that would cover nurses only with the necessity of setting up another separate plan for other classes of employees. Most employers felt that they would have to turn to some other type of plan which, while not as attractive and productive as the CNA plan, would cover all employees including nurses, minimize administration and avoid possible discrimination between the employee groups. Under those circumstances, it was felt necessary to give serious consideration to the possibility of extending the scope of the plan to protect members of the association who might otherwise be denied participation.

The pension committee, after careful study of this problem in its every aspect, made their recommendation to the Executive Committee at the Seigniory Club, Montebello, last February. As a result of their recommendation, the following motions were discussed at length and passed by unanimous vote:

1. That Plan B of the CNA Retirement Plan be amended to allow the inclusion of other personnel in addition to registered nurses; and that such amendment should apply to doctors, hospitals, health organizations, nursing associations, or any other person or organization employing one or more members of the Canadian Nurses' Association.

2. That applications under Plan B

Mr. Beaudin is Pension Consultant with the CNA Pension Committee.

which appear to require study be referred for study to the Pensions Committee before being accepted.

This major step, properly publicized, should play an important role in the successful development of the CNA Retirement Plan — Section B. While we have been offered certain facilities for publicity from *The Canadian Nurse*, the Canadian Hospital Association and Canadian Medical Association journals, we would like to call on our provincial associations and their members to extend this publicity to the employer-employee level where it will be the most effective. Certainly it is a perfectly natural situation that the nursing directors and their staff, in cooperation with the other hospital employee groups, should invite their employees to study and consider the CNA Plan and its attractive features.

Once these negotiations are under way, the field organizations of National Life and Royal Trust will be available to discuss details of the proposed plan and finalize the arrangements. We must agree that it would be most difficult to promote our Plan to the employer without the obvious interest of the employee groups. Since many hospitals are now actively engaged in considering pension benefits we feel they would welcome the suggestion that the CNA Plan be included in their field of study.

In those provinces that are participating in the National Hospital Insurance Plan, hospitals may have their share of pension costs considered as an operating expense in their budget estimates. Under those possibilities, it is not a case of "will there be a plan," but, "which plan will it be?"

We have a strong case to present with respect to our plan. It has not been seriously challenged by any other group. While larger hospitals may have access to similar benefits, they do not have access to the same projected annuity rate guarantees. The smaller hospitals do not have the potential accumulation of contributions to take advantage of volume discounts and low administration charges that enhance the CNA benefits to a substantially greater extent than similar plans.

There is really no comparison to be made between the CNA R.P. and other retirement plans available under government annuities and insurance companies. These plans provide for fixed benefits depreciated by inflationary trends, and in the case of insurance plans, administration charges are heavy, reducing the benefits. While government annuities are subsidized by general taxation and compare favorably, administration is weak, rate guarantees are not projected but subject to change year by year. They also involve other restrictions such as — limited amounts of pensions ($100 a month); generally speaking, no contribution refunds on termination of service; and a heavier burden of administration on the part of the employer.

It has been suggested that other methods of providing retirement benefits are better than the CNA R.P. While other competitive groups in the investment field will make fantastic and eyecatching predictions and unguaranteed promises, our Trustees will not use these tactics to attract participation. Other CNA type plans administered by National Life and Royal Trust companies, such as the Canadian Medical Association plan, are currently earning as high as 26 per cent interest. It would be unfair and presumptive to use such earnings in any calculations projected 20 — 30 — 40 or more years, because in the common stock part of the plan, these interest earnings will fluctuate from time to time but should maintain a high average yield.

We ask the CNA members to have the same faith in their association and its advisers as the public has shown in the Trustees of our plan making them leaders in this field. Your CNA Pension Committee knows that the CNA Retirement Plan is second to none. It has the unqualified recommendation and endorsement of your Association Executive which always has the best interests of the membership at heart.

Great is truth and mighty above all things.

Nursing Profiles

Early this year a group of nurses, representing each province in Canada, met with members of the *Journal* Board and staff for an information-packed two and one-half days. The visitors had been picked by their individual provincial nurses' association to serve for an extended period of time as *editorial advisers.* The conference was called to give the advisers an opportunity to meet the editiorial staff and to acquaint themselves with the intricacies of journal production, "deadlines," article procurement and the like. Now, for the next three years at least, our advisers will help us with the many tasks that go with publication of a professional journal. Already they are busily engaged in arranging for articles and each will welcome the help that the nurses in her province can give. In return, the editorial adviser will be glad to receive your requests for information about the *Journal* and its activities.

Naturally, one topic discussed at that conference was the publication of the *Journal* in the French language. This is an exciting venture and it was felt that the French nurses in particular would be interested to meet, through these pages, the people most directly concerned with seeing that the *Journal* reaches the subscribers every month. At the same time we are presenting the editorial advisers so that, in each province, you will know to whom to turn in matters related to the *Journal.*

Margaret E. Kerr, the executive director, needs very little introduction to Canadian nurses. Her work with the *Journal,* which began in 1944, has taken her to all of the provinces and many of you have met her personally.

A graduate of Vancouver General Hospital and with her Master's degree from Columbia University, Miss Kerr left her position as assistant professor in public health nursing at the University of British Columbia to take over the duties of editor. With the publication of the *Journal* in both languages, beginning with this month, a dream comes true for her. The wish that the French-speaking nurses might, some day, have the same opportunities as their English-speaking sisters to keep abreast of developments in their profession and, in turn, share their knowledge with others has been a long standing one.

(Ashly & Crippen)

MARGARET E. KERR

Jean Elizabeth MacGregor joined the staff of the *Journal* as an assistant editor in 1955. A graduate of the Royal Victoria Hospital, Montreal, and of the School for Graduate Nurses, McGill University she was instructor in nursing arts at her home hospital prior to joining the editorial staff.

Gabrielle Dolores Coté joined the staff in March of this year as the French assistant editor. A graduate of St. Justine's Hospital and of the University of Montreal, Miss Coté obtained her certificate in public health nursing from McGill University in 1946. Later she returned to the same institution to complete requirements for her baccalaureate degree in administration and supervision in the same field. In 1955, she attended Teachers College, Columbia University and graduated with her Master's degree in public health.

In 1942, Miss Coté joined the R.C.A.M.C. and served overseas until 1945. Apart from this interruption she has been on the staff of the City Health Department, Montreal, since graduation. She retired from her position

Jean E. MacGregor

as assistant nurse in chief to take up her present duties.

A keen student, she has always excelled in her studies and apart from her professional preparation she treasures the time spent at l'Ecole de la Sorbonne, Université de Paris, from which she emerged with a diploma in the study of the French language and its translation. A native of the province of Quebec, versed in the customs and heritage of the French-speaking Canadians, intimately acquainted with the activities of her profession, both on a provincial and a national level, her assistance in the publication of *L'Infirmière Canadienne* will be invaluable.

Off duty she reads avidly — her love of literature dating back to the time when a small girl delved into the books hidden away in the attic of her grandmother's home. She is a "do-it-yourself" fan when it comes to minor repairs, carpentry, picture-framing and the like but has an equal interest in such housekeeping tasks as cooking. A warm welcome is extended to her.

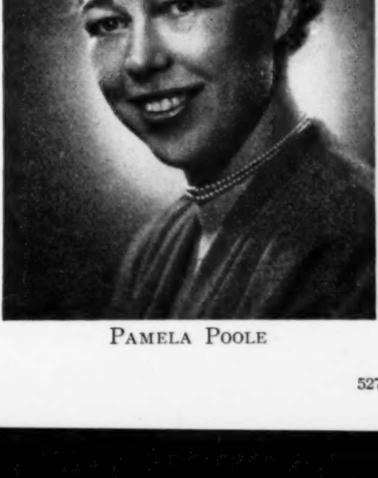
Next August, **Pamela Eleanor Poole** will also join the editorial staff. She, too, is a native of Quebec, bilingual, a graduate of the Queen Elizabeth Hospital of Montreal, class of 1949. She holds her Bachelor of Nursing degree from the School for Graduate Nurses, McGill University, where she majored in administration. She also did postgraduate study at the New York Polyclinic Hospital.

(André Larose)

Gabrielle D. Coté

General duty nursing and private nursing have occupied part of her time since graduation. Her most recent position has been that of nursing instructor in her home school. She is the president of her alumnae association and co-chairman of the Public Relations Committee for the A.N.P.Q.

An enthusiastic sportswoman, Miss Poole also enjoys amateur theatricals and especially



Pamela Poole

her association with the Montreal West Operatic Society.

Irene Margaret Robertson is our editorial adviser for the province of Alberta. She is a graduate of the Calgary General Hospital and holds her diploma in public health nursing from the University of Alberta.

Shortly after graduation she joined the Royal Canadian Navy as a nursing sister and was stationed at H.M.C.S. *Stadacona,* Halifax. After her discharge she did school nursing in Calgary for two years before joining Imperial Oil Limited as the Health Centre nurse at the Regina Refinery. Since 1951 she has been a nurse supervisor with the Edmonton branch of the same company. Miss Robertson has always taken a very active interest in the affairs of her provincial association, as her colleagues know and that interest will be carried over into her present rôle.

IRENE M. ROBERTSON

British Columbia is well-represented in the person of **Marion Edith Macdonell.** She is a graduate of Vancouver General Hospital and of the University of British Columbia where she obtained her Bachelor's degree in public health nursing. Later she attended Teachers College, Columbia University and secured her Master's degree.

The Metropolitan Health Committee of Vancouver has occupied her professional life since 1941 when she began her work with it as a staff nurse. During the years 1945-47 she was a nursing sister with the R.C.A.M.C. stationed in British Columbia. Upon discharge she returned to her duties with the Metropolitan Health Committee, 1947-51, and then went on to New York, for experience in the Community Service Society as a staff nurse from 1951-54. Since 1955

(Tony Archer)

MARION E. MACDONELL

SHEILA NIXON

Miss Macdonell has been a nurse supervisor with Metropolitan Health Unit No. 5.

Sheila Margaret Nixon is our editorial adviser in Manitoba. Born in England, she came to Canada as a small girl and completed her basic education in Brandon.

A graduate of Toronto General Hospital, she went on to secure her Bachelor of Science degree from the University of Western Ontario and her Master's degree from Teachers College, Columbia University. During World War II, prior to her professional training, she served in Egypt and England with the British Red Cross while attached to the Royal Navy. In appreciation of her services she was awarded the Associate Royal Red Cross. As relaxation from her duties as director of nursing of Children's Hospital, Winnipeg, she enjoys her membership in the Philharmonic Choir of the city and her church choir.

Shirley Yvonne Alcoe is the representative from New Brunswick. A native of that province, she chose the Metropolitan School of Nursing, Windsor, Ont. for her professional preparation, graduating in 1952 as a member of one of the classes enrolled in the Demonstration School.

Since that time she has obtained her certificate in public health nursing from the University of Toronto and has been appointed health instructress of Teachers' College, Fredericton. Miss Alcoe also holds a Bachelor of Arts degree from Acadia University and is a graduate of the business college in Fredericton. At the present time she is busy completing a course of study in anthropology in addition to her teaching duties and her efforts on behalf of the *Journal*. She loves to travel and has quite a good record in that respect — almost all Canadian provinces, the Yukon, Alaska and 13 European countries so far.

SHIRLEY ALCOE

(The Musical Clock Ltd.)

ISABEL SUTTON

Isabel M. Sutton who, for the past 11 years has been director of nursing services for the Newfoundland division of the Canadian Red Cross Society, will help us keep abreast of developments in nursing in her province. She is the chairman of the Public Relations committee for her provincial association and is a member of the board of management for the St. John's branch of the Victorian Order of Nurses. An extremely busy person professionally, she enjoys her membership in the Zonta club during her leisure time.

Hope M. Mack, instructor of nursing, Payzant Memorial Hospital, Windsor, N.S., has been a loyal *Journal* correspondent for several years. It is particularly fitting that she should be editorial adviser for Nova Scotia.

A graduate of McLean Hospital, Waverly, Mass., Mrs. Mack remained as night supervisor for a short time and then held a supervisory position at Greystone Park State Hospital, N.J. for a year. As head nurse and then director of nurses, she worked at the Nova Scotia Sanatorium, Kentville, N.S. for

Hope S. Mack

14 years before transferring to the Blanchard-Fraser Memorial Hospital as superintendent. Prior to her present position she had spent six years as assistant superintendent and later, superintendent of nurses, Verdun Protestant Hospital, P.Q. She has served as president of the R.N.A.N.S., president and councillor of the Valley Branch, R.N.A.N.S. and is presently chairman of the provincial Public Relations Committee. Off duty, in her own words "my grandchildren are my particular hobby — Kevin, four years, and Melody, aged two."

Jean Cockburn Watt, the R.N.A.O.'s membership secretary, has frequently helped us secure information in the past and is extending this help as the editorial adviser from her province.

Born in Aberdeen, Scotland and educated in Durban, South Africa and London, Ont., Miss Watt is a graduate of Victoria Hospital, London. She secured her certificate in public health nursing from the University of Toronto and then joined the Victorian Order of Nurses, serving in Truro, Montreal and Hamilton. This was followed by general public health work with the Township of York as nurse in charge until she joined the RCAMC in 1942, subsequently serving in Canada, England and Italy. In July 1945 Miss Watt went to Germany as a nursing supervisor with UNRRA, remaining there until 1947.

Her hobbies centre around all the activities of maintaining a home — carpentry, electrical repairs, sewing and needlepoint — but also include photography and reading — mainly history and English literature — but "even the labels on cereal and soap boxes" if nothing else comes to hand.

(Joseph Schmid)

Jean C. Watt

Sister Mary David, director of nursing service at Charlottetown Hospital, Prince Edward Island is the adviser from the littlest but certainly not the least of our provinces. A graduate of the Charlottetown Hospital, Sister did postgraduate work in obstetrical nursing at St. Michael's Hospital, Toronto.

For a few years after graduation she did general duty nursing and then became surgical supervisor for a period of two years. Following this, Sister was appointed as obstetrical supervisor, a position she held until taking over the duties of director of

Sister Mary David

nursing service in 1953. She has also been assistant superintendent of the hospital since that same year. She has served on various committees of the provincial association and is presently a member of the public relations committee.

Not long ago in this column we introduced **Mabel Victoria Antonini** to you as the new executive-secretary of the SRNA. (*The Canadian Nurse,* November, 1958.) Now we greet her as the editorial adviser for Saskatchewan.

A graduate of Regina General Hospital and of the School for Graduate Nurses, McGill University, from which she obtained her Bachelor's degree, Miss Antonini's interest had been chiefly in the field of pediatrics until she joined her provincial office staff.

(John Toth)

M. VICTORIA ANTONINI

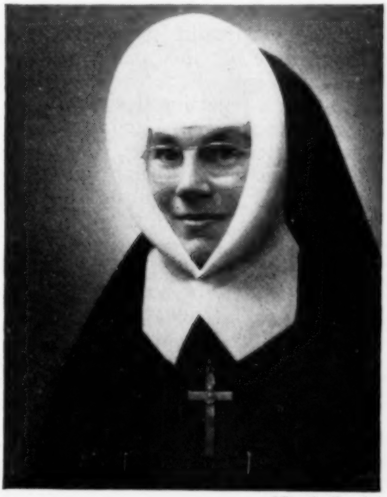
Representing the English-speaking nurses of Quebec is **Sister Mary Assumpta,** graduate of St. Mary's Hospital, Montreal and supervisor of its obstetrical department.

Born in Outremont, P.Q., Sister received her basic education and secretarial training in the local schools before undertaking her professional education. In addition to her hospital duties she is currently doing postgraduate study at Marguerite d'Youville Institute.

The French-speaking nurses of Quebec have an able representative in the person of **Genevieve Lamarre,** director of nursing education, Hôpital de l'Enfant-Jésus, Quebec city. Born and educated in the province of Quebec, Miss Lamarre received her professional education at Hôpital de l'Enfant-Jésus. After graduation she went on to secure her Bachelor of Science degree from Laval University, Quebec, and in 1948 added study in social service work. Miss Lamarre also teaches at the University in the school for nurses — her subjects being the philosophy of education and methodology. she is currently a vice president of the A.N.P.Q., a member of the Board of Management and a member of several other committees. Miss Lamarre has a wide variety of outside interests to occupy the precious moments of leisure-time remaining to her.

(Jacques Légaré)

GENEVIEVE LAMARRE



(Garcia Studio)

SISTER MARY ASSUMPTA

The Evaluation of Personnel

H. Boshouwers

We could easily spend days on the vast subject of evaluation, but we must arrive at an approach in this one article.

When I joined the Employee Appraisal Section at Canadair, a rating plan was already in operation. We have 7,000 employees in the Manufacturing Division alone, working under 450 supervisors, and in 520 different types of jobs. It is obvious that with such a large number of people some management device was needed to ensure that whatever tasks were to be performed would be carried out in an economical way with a minimum of effort, a maximum of result and with the least possible confusion.

In manning our departments and planning ahead we need information on the day-to-day performance of our labor force. We have to narrow down the field of potential candidates for promotion, transfer, upgrading. A "trial and error method" is too costly.

Satisfactory work in exchange for satisfactory pay is a critical element in our success as an economic enterprise. Satisfactory work does not exist by itself but in relation to departmental requirements. Departmental supervisors have the required knowledge of performance on a day-to-day basis and report this as one of their functions. But we needed something more than a reporting device.

Canadair is a large industrial concern. We tend to attract people who find satisfaction in being one of a large number. This requires a levelling process, some type of conformity to group behavior. A new employee accepts this when he first begins to work but after a while he seems to feel that he has lost his identity completely. It is a wise arrangement on the part of management to make it one of the functions of supervisors to talk to their men about the manner in which they fit in to the over-all scheme, whether or not their performance comes up to expectation, and in what way they can change for their own and the company's benefit.

We needed a program that would be both a reporting and a counselling device. We studied several plans, borrowed a few ideas here and there, and drew up a plan of which our supervisors approved. From our reports we can study Mr. Average. We can crosscheck and compare. We can make an analysis of the need for further training and improvement, of the influence of seniority and age on performance. We can watch the percentages of non-typical employees in any department. The population is large enough to make large scale comparisons and to narrow down the field as we look for candidates for any move that management has in mind.

Generally speaking, any system of evaluation — properly administered — is better than no system. There are some problems in an evaluation system such as ours. The first is that a complex human being can never be reduced to a set of figures. Figures imply an accuracy which, in reality, does not exist. We say that a man has a right to know where he stands. Very true. But does he really, in all cases, wish to exercise this right? In all probability he only wants to be reassured occasionally.

Another worry is that no matter how well-meant the plan and no matter what uses we may have for the final results, we *do* give 450 people an official right to sit in judgment over others. It is a curse of mankind that too many people like to sit in judgment over others. We had too many people who liked to forbid little things; liked to tell others what was good for them or what they should do; liked to run other people's lives, or to impose their views on them. Do we have the right to sit in judgment over other people? Do we have the right to direct, to influence or to manipulate their behavior? Do we have the right to more or less shape their destiny? Is it correct to infer that the supervisory

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Mr. Boshouwers is supervisor of employee appraisal, Canadair Ltd.

position has inherent authority to run other people's lives?

Finally, many of our daily tasks are repetitive, routine jobs. If our work tends to be repetitive, it must be expected that our performance will become repetitive. If our performance is repetitive, then it must be expected that the appraisal of the performance will likely be repetitive.

It is true that authority given to the wrong type of supervisor might aggravate antagonisms. Fortunately, we believe that none of the supervisors used this report as an instrument of revenge. Occasionally we had to see to it, that an unfortunate choice of words was corrected, but that was all. People quite often make scathing remarks about others while talking, but if they have to sit down and write them on a piece of paper, they are much more careful.

The final form of the evaluation report is relatively unimportant. It is very important that you should decide first what you want to achieve. Then you must decide how far you are willing to go or are obliged to go to achieve this goal. Only as the final step do you have to worry about the mechanics involved. The mechanics of the plan must be directed towards the goal that you have set.

To decide what you want, to analyse your problem, requires discipline of thought and of reasoning which in turn can come only from complete honesty with yourself. Wishful thinking, personal beliefs and sentiments have no place here. As a beginning you need a clinical examination of your relationship to other people. Individual rights and duties must be defined. You must forget for the moment what these have been in the past, how they have come about and how they have established themselves through precedent.

Serious efforts to improve your personnel situation in an intelligent manner should be undertaken only if such a plan will do something for your institution, for you and for your personnel. You can only hope to be effective if your efforts are economically justified, intellectually sound and ethically appropriate.

Application to Nursing

Let us examine the relationship between supervisors — as part of the management team — and the employees. In the pursuit of your professional and institutional aims your most difficult problem seems to be the duality of responsibility — responsibility towards your profession and responsibility towards those with whom you work. Your profession is a demanding one. You cannot require maximum efforts to fulfill professional obligations at the expense of the happiness of your employees. The nursing personnel on the other hand, may have a never-ending list of desires, which you cannot possibly satisfy if it is at the expense of professional efficiency. The solution to this problem is to find the work-level at which the best possible professional service can be given, consistent with the work satisfaction of the nursing personnel.

It is difficult to find and even more difficult to maintain a suitable work-level under this dual responsibility. Peace of mind is very dependent on our sense of fairness in give and take. If you demand the maximum from your people, but give in return only what you can get away with, then it is not surprising if you end up with disturbed feelings. To achieve the maximum in both directions seems impossible. To demand the maximum and give less in return is unsatisfactory.

Perhaps you have phrased the problem in these words: In the pursuit of our highly idealistic purpose — to provide service to the sick — it is our right to demand from our nursing staff that they give the best they can offer. Frankly, I cannot agree with you. You have my sympathy but *you do not have the right to demand anything.* Your problem is that though you need a lot, you can demand little. You may say: "How can I get what I badly need, if it is such a far cry from what I can demand?"

As a supervisor *you are in command of a work situation.* You have a function which embraces and commands other smaller functions. *You are never in command of people.* It is your distinct task to see that the work is done in such a manner that there is continuity of service. It is your responsibility to see that you have a proper match between the individual and her duties. If you have good reasons to believe that the two are not matched, one way or the other, or if the matched employee slips up occasionally and jeopardizes the proper working of her unit, you have to speak up.

This is not a question of your right, it simply is your duty. A right you can exercise or not subject to your own free will. However, when you act as a watchdog to guard proper functioning, to prevent failure, you are duty bound to speak up. Leniency is a liability. Tolerance at this point ceases to be a virtue. At this critical dividing line, below which failure is detrimental to your profession, you *have* to take corrective action.

Is it possible to draw the line between success and failure? Can you come up with a clearly worded, easily understood and generally agreed-upon set of work expectations below which the nursing staff cannot go? I am now asking for basic issues, important aspects of the function itself. I am not concerned with differences in degree, more or less satisfactory, but with differences in kind, satisfactory or unsatisfactory. These work expectations may differ in various jobs — horizontally — throughout your institution. They may differ in the degree of training required for their performance. They certainly will differ on the various organizational levels — vertically.

At this failure mark or minimum level of satisfactory performance you are truly a faithful watchdog for your profession. Here you have to segregate the satisfactory from the unsatisfactory, the assets from the liabilities. At this line of minimum performance, with a simple "yes" or "no" you make an assessment. Since you decide only on critical elements you should make this assessment formal, rigid and simple. Whatever at this line can be measured, you should measure. Whatever at this line of minimum performance can be tested, you should test.

Evaluation is a mix-up of substance and feeling. Because of this mix-up it is unreliable and never objective. To reduce the danger of subjectivity, it is wise — whenever possible — to evaluate in committee, to put in a safety-check against prejudice and bias.

A match between a staff member and her task may very well have to be checked on 10 different basic factors. Nine of these may be answered positively with a "yes" and one with a "no." In practice it will amount to many "Yes, but's" and many "No, however's." You may need some specific qualifications to understand the why's for this "yes" and the why's for this "no." But the very purpose of this audit is to identify failures in performance on basic issues. If you are under-staffed and overloaded with work, there is a danger that this evaluation — which should be a continuous affair — will get brushed aside. However, it is such a critical element in the success or failure of any job that it should become a habit, at predetermined intervals, to prepare a record in an orderly and systematized manner.

PERFORMANCE AUDIT

While keeping track of general staff performance, you may want to use a simple form as a vehicle for other information as well, for instance additional skills presently not being used or promotability, but its basic purpose is the identification of liabilities. That is a good word to indicate what I mean but it does have an unpleasant sound.

I would like to refer to this sort of evaluation as a "Performance Audit." It should apply equally to those who contribute to success, as well as those who contribute to failure. So, horizontally and vertically it should apply to all people in your organization. This failure line, this line of minimum satisfactory performance beyond which you cannot go, has to be watched constantly and carefully. To prevent failure at this line you constantly require a management of direction and control, which inevitably demands a certain degree of conformity and discipline to guarantee continuity.

As you formulate minimum work expectations, you will be painfully aware of the fact that though these may be sufficient for continuity, they will not promise improvement or growth. It is an honorable objective to strive for improvement, for growth instead of continuity, for maximum utilization of personnel, for potential and dynamic effectiveness. You need considerably more than a bare minimum. You would like to see a *plus* performance. The unfortunate thing is that first, you have no right to demand this *plus* performance. Secondly, direction and control, conformity and discipline (all levelling actions) are insufficient, even detrimental, in generating the ambition, loyalty and devotion you would like to see. You need something else to bring about the desired qualities. By their very nature, the ingredients of *plus* performance have to be offered voluntarily by your subordinates to their function, not to you personally.

At the minimum requirement level, with a management of direction and control, the staff members resemble taxpayers, entitled to a fair and known taxation table, under obligation to contribute at a predetermined rate. For *plus* performance, beyond this minimum, you are dealing with voluntary contributions. Here the staff may resemble blood donors. All blood donors are taxpayers but not all taxpayers are blood donors. If you are after a blood bank, you need volunteers. You do not have any right to hold it against anyone if, for reasons of their own, they do not voluntarily contribute to your blood bank. So beyond this minimum level you need another type of management that will obtain the results which cannot be demanded. Let us look at your chances of success in this area.

If you plan to go fishing you must keep in mind that the choice of bait is determined by the taste of the fish. This may not be an apt comparison for nurses but it has some very useable truths in it. What is the taste? What are the incentives all people search for in their working life?

INCENTIVES

A very obvious one that is the most clearly understood by everybody, is the *financial* incentive. Here your hands are tied. Hospitals usually operate in the red. On the other hand, the nurses knew this from the start. I have never heard of people joining the nursing profession to get rich.

There are three non-financial incentives everybody is after. The first of these is: *identification with the institution and its purpose*. You have a very easy one here, because all the staff are proud to be in your profession and like to be identified with the work of the hospital. The second incentive is: *an opportunity to improve*. They want help and encouragement to grow. The third incentive is: *Equity of opportunity for advancement*. Quite often this is erroneously called security.

If you create and maintain a climatic condition in which people can find identity, growth and advancement, if you will encourage them to seek satisfaction or self-fulfillment needs, then you have done your share. You have no control over the end results.

The motivations, the potential for development, the capactiy for assuming responsibility, the readiness to direct behavior towards organizational goals are all present in your staff long before you lay eyes on them. It is a distinct task for management to make it possible for the staff to recognize and develop these characteristics. Most people can — if properly assisted — change their behavior and adjust their ways to fuse with the needs of the institution. But, no system or procedure or package plan can ever replace or compensate for a lack of mutual confidence and a steady climate of effective relations.

RELATIONSHIPS

Relationship is not a matter of technique, but of mutual sincerity, common honesty, thoughtfulness and respect for basic rights. Effective employee relationship resulting in lasting optimum performance is never brought about by coercion, manipulation of behavior or an effort to shape destiny. Whether you bully or push, whether you tell them bluntly what is good for them, whether you demand or try to squeeze gently, it is all the same. You violate the sovereignty of a free and responsible individual. The fact that you have the very best of intentions does not make it right.

Integrity does not allow the manipulation of people. It is wise and rewarding, however, to manipulate *conditions* which by themselves will invite your staff to join in a profitable course of activities.

The essential task of management — in the interest of professional ends — is to arrange organizational conditions and methods of operation in such a manner that the staff can achieve their own best, by directing their own efforts on their own volition towards institutional objectives. This is a process primarily of creating chances for learning, releasing potential, removing obstacles, encouraging growth and providing guidance. It is the planned creation and guarding of a climatic condition in which a staff member takes voluntary responsibility for her own development, plans for herself and learns how to put her plans into practice. In the process she can gain satisfaction for she is utilizing her own capabilities to achieve simultaneously her own objectives and those of the institution. The result will be genuine development for mutual benefit.

After the proper climate has been set and maintained, it is the nurse's task to improve her own well-being. She is the principal participant in her own development and responsible for it. She will realize that her gains are largely dependent on her own voluntary contribution to organizational objectives. Her dedication to her work and her self-determination in her career are of intrinsic value and carry their own reward. She cannot possibly complain that she does not get anywhere, because nobody is pushing.

Genuine support by the employees is only aroused by genuine appreciation by management. *You* must provide the proper climate in ethics, policies and procedures. *Conditions,* external and internal, will provide opportunities. Staff must provide abilities and the will to succeed. Mutual sincerity in this combined effort will give optimum rewards. In providing equity, the fairest possible break to all, help and encouragement to participate in growth, you will recruit intelligence, ambition and loyalty which money can never buy.

Staff participation is, first and foremost, focussed on full effectiveness in their present occupation. Their career-development is in proportion to their ability, their will for action, their power of vision, their knowledge and their readiness. Participation in this mutual development program is a voluntary contribution and open to all.

Thus it would appear that one program, one plan, will not achieve the desired results. A performance audit is needed but for different reasons a career development program is also essential. The performance audit applies to all staff members and will provide:

1. Regular control on satisfactory work.
2. Indication of where individual performance needs improvement.
3. Indication of the promotability of staff.
4. Continuous inventory of suitability, additional skills and potential of all personnel.
5. Guarantee that no member is overlooked or forgotten.

THE CAREER DEVELOPMENT PROGRAM

In contrast, this program will not be applied to all staff members, but only to those who, of their own free will, choose to participate. Although the program is completely voluntary and a supervisor consequently is free to decide not to participate, it is still her responsibility to carry the program out in letter and spirit for all personnel under her jurisdiction who wish to take part in it. This program aims to:

1. Increase effectiveness and obtain maximum performance and a greater degree of interchangeability.
2. Foster in the staff the desire for self-direction and self-improvement.
3. Aid the staff through guidance and counselling.
4. Provide opportunities for learning.
5. Release potential and remove obstacles that hinder the optimum use of available talent on an organization-wide basis.
6. Prepare potential candidates for future promotion.

Human success or failure is not inborn, but comes as a result of the use to which an individual puts her talents and the way she is helped to develop them. Improvement and development can only be achieved by the person herself. She must truly want to improve and must really be willing to make the extra effort to increase her effectiveness. Improvement is at the core a matter of self-insight and willingness to adjust and contribute. This self-evaluation may at the beginning of the program be widely at variance with the opinion of the supervisor.

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The individual knows however, or can learn, more than anyone else about her own capabilities, needs, strength, weaknesses and goals.

The role of the supervisor in the career development program is twofold:

1. *Toward staff members:* To provide encouragement, guidance and assistance while improvement is taking place.
2. *Toward the organization:* To provide continuous and systematic reports on progress and promotability.

The supervisor is responsible for helping the staff integrate their personal goals with the needs of the institution so that both are served. This role, comes naturally since the supervisor can use her wider knowledge of the organization.

In setting her own objectives or reaching agreement on them with her supervisor, the individual involved has already established criteria for performance. The nurse knows very well where she stands in relation to her own targets and consequently does not have to be judged. She evolves her own index of achievement and confronts herself with the reality that rewards and satisfaction from her career are largely dependent on her own voluntary contributions.

The supervisor should limit her influence to stimulation of thinking, rather than supplying recommendations. She should be willing to consider all ideas on improvements that the staff member brings up. Her function is to discover the nurse's interests, not to expose her to extensive faultfinding, to inquire but not cross-examine, to guide not dominate, to help not push, to encourage not promise.

Counselling will never be a rehash of past mistakes or attempts at amateur psychiatry. Accent is on performance, not on personality. If the career possibilities are sympathetically explored in mutual interest, the climate will stimulate new ideas and lead to increased job interest as well as a better use of the nurse's talents.

Good supervisors are concerned with training and developing their staffs to the greatest extent possible. The ultimate objective of the program is to ensure an adequate supply of qualified candidates for promotion at all levels of the institution. The supervisor herself will make the first step for her own promotion if and when she has developed an understudy who can take her place.

The picture is still not entirely complete even with these programs actively functioning. For important jobs, for functions with a high reason for existence, specific information may be needed which was not available from either of these two sources. For instance, an opening occurs higher up in your organization and you have three potential candidates in varying degrees of readiness to assume this new responsibility. This new position may require a sense of cost-consciousness which was never an evaluating factor in your two programs. Here you may have a need for a specific appraisal in a typical area on a comparison basis. This type of appraisal again should be performed in committee but for the two out of three where the outcome is negative, the persons involved should *not* be informed. It does not serve any purpose to tell them that they were weighed and found wanting.

SUMMARY

For general use, two programs will do the job. One performance audit — compulsory for everybody; the other — career development — on a truly voluntary basis for anybody who wishes to take part.

I have tried to point out that you must decide first what you are after. The plan itself, the form or shape is relatively unimportant.

I have also tried to point out that one plan — combining reporting and counselling — looks good but may fail to achieve both ends. In that case it will deteriorate into a half-hearted routine where nobody really cares if it is maintained or not.

By an honest effort in due time the combination of two different programs will be a far more simple and economic method. Not only that, but something else will happen too. You will find that the combination of these programs will result in making your world a better place to live in and maybe that is what you had vaguely in mind all the time.

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Carnation Evaporated Milk provides:

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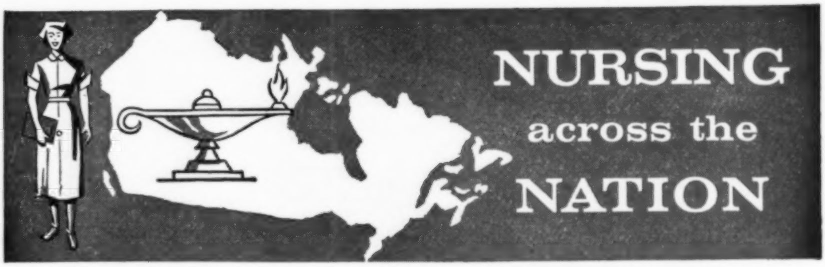

NURSING across the NATION

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Canada Participates in International Study

A study of psychological problems in general hospitals, sponsored by the International Council of Nurses, International Hospital Federation and the World Federation for Mental Health is presently being conducted. Twelve countries, national member associations of the above organizations, have been invited to take part.

Representatives of the sponsoring organizations believe that there is a need for wider study of this subject by those who work in general hospitals. A study has therefore been designed, which could be carried out by general hospital personnel, of the situations and happenings occurring sometimes by chance — sometimes as part of hospital procedure — which affect the mental health of the individual and the relationships within the hospital setting.

It was recommended that study groups be formed of not less than six and not more than 12 people. Groups of this size would be small enough to induce easy and cooperative discussion yet large enough to contain balanced representation of the main staff groups, medical, nursing and administrative, with possibly one or two other people with experience in sociology, psychiatry or psychology.

One such study group has been formed in Ottawa. The three general hospitals — Ottawa Civic, Ottawa General and St. Louis Marie de Montfort are taking part. Dr. P. A. Christie and Dr. L. R. C. Chalke, who direct the the mental health clinics in Ottawa, and Father Swithun Bowers, Director of the School of Social Welfare, St. Patrick's College, are assisting as consultants. Miss Laurie McColl from National Office will also be a member of the group. It is hoped that study groups will be formed in other parts of Canada.

Miss Elizabeth Barnes of the World Federation for Mental Health, who is Coordinator for the study visited Canada in April. While in Ottawa, she visited National Office and also met with the Ottawa group.

Research Committee

Plans are developing for the first meeting of the permanent Research Committee under the chairmanship of Lola Wilson of Regina. The meeting will be held in Ottawa next September. Members of the Committee are:

Miss Dorothy Percy, Chief Nursing Consultant, Department of National Health & Welfare,

Miss Nettie Fidler, Director, School of Nursing, University of Toronto,

Mrs. Isobel MacLeod, Director of Nursing, Montreal General Hospital,

Dr. Aileen Ross, Sociologist, McGill University, Montreal,

Dr. Murray S. Acker, Director, Co-Ordination and Planning Branch, Dept. of Public Health, Saskatchewan,

Dr. F. E. Whitworth, Chief, Research Section, Dominion Bureau of Statistics, Ottawa.

Where They Are What They are Doing

Early in 1959, questionnaires were sent to graduates of the Metropolitan Demonstration School of Nursing, Windsor, Ontario.

Thirty-nine of the 72 questionnaires distributed have been returned. It is of

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A Naval Nurse is an important nurse — caring for the health of Canada's fighting sailors.

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As a Naval Nurse, you'll find real opportunity to advance in your profession! For full information apply to:

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interest to note that since 1954, 13 of these graduates have taken further postgraduate studies. Three are presently attending university.

Those actively engaged in nursing have chosen a variety of fields, including institutional nursing, nursing education, occupational health, public health, Victorian Order of Nurses and missionary nursing. Some are scattered across Canada, some are living in the U.S.A. and one is nursing in South Africa.

Of the 39 graduates who completed the questionnaire, 19 are married. Many are inactive at the moment, but still maintain a keen interest in nursing. Some are contemplating the possibility of undertaking further study in the future.

Although one-half of those who answered the questionnaire are married and not, at present, engaged in active nursing, it is gratifying to note that three-quarters have continued active provincial membership. Many of these participate in chapter and provincial activities. CNA Alumnae members will be pleased to learn that one of their group has been appointed as an Editorial Adviser to *The Canadian Nurse* in her own province.

We have read the comments regarding the educational program conducted at this school with renewed interest. Opinions have not changed. The majority still feel that this program was very good in that it stressed the true philosophy of nursing and the basic principles of nursing, thus enabling the graduates to adapt to new techniques and situations with confidence and assurance. Many mentioned that the program had stimulated them to undertake advanced education and expressed their appreciation and gratitude to the Canadian Nurses' Association, the Canadian Red Cross Society and their instructors for giving them the opportunity to participate in this project.

The Canadian Nurses' Association thanks those who have completed the questionnaire. We were pleased to hear from you and would still welcome news from other alumnae members. We are always happy to learn of your activities so next time, don't wait for a questionnaire. Let us know should you change your address or your position.

Our Nurses Abroad

An interesting letter arrived in National Office recently from a group of Canadian nurses, wives of R.C.A.F. personnel and two R.C.A.F. Nursing Sisters who have organized an association.

These Canadian nurses are stationed abroad for approximately three years and during this time, wish to keep abreast of newer nursing trends. It was with great interest that we learned of these nurses and the work they are doing. The CNA is pleased to provide information and materials to assist this group in their endeavors.

Spring Activities

During the past few months nurses in most of our provinces have had occasion to meet our officers or National Office personnel at various meetings.

ALICE GIRARD, President, has attended and addressed the following Annual meetings:

The Registered Nurses' Association of Ontario in Toronto and the New Brunswick Association of Registered Nurses in Campbellton.

PEARL STIVER, General Secretary, participated in the Registered Nurses' Association of British Columbia meeting in Vancouver.

HELEN MUSSALLEM, Director of the Pilot Project for the Evaluation of Schools of Nursing and F. LILLIAN CAMPION, Nursing Secretary both addressed the Saskatchewan Registered Nurses' Association meeting in Saskatoon and Miss Campion also took part in the Alberta Association of Registered Nurses meeting in Banff.

Later this month, RITA MACISAAC, Assistant General Secretary, will attend the Registered Nurses' Association of Nova Scotia meeting in Shelburne.

T.C.'s 60th Anniversary

Canadian nurses are proud to salute the Division of Nursing Education, Teachers College, Columbia University, New York City celebrating its 60th Anniversary and the 100th Anniversary of the birth of its founder, Miss MARY ADELAIDE NUTTING. Teachers College was the first educational institution in the world to offer

NEW! Swift's Balanced Meat Dinners–IN GLASS

Swift's
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STRAINED FOR BABIES

So pure and fresh in sparkling glass, Swift's new Meat Dinners for Babies are a carefully balanced combination of Swift's lean, 100% meat, vegetables and a little cereal. Like Swift's well-known 100% Meats for Babies, they're prepared from only the very finest ingredients. The leanest, freshest meats . . . the youngest, freshest vegetables —all trimmed, cooked, and pureed with the greatest care—make Swift's Meat Dinners nutritious, easy to digest.

Swift's new Meat Dinners provide another fine way to include the important values of meat in the infant diet. You can recommend Swift's Meat Dinners for Babies with confidence. 5 varieties: Beef, Chicken, Ham, Veal and Lamb. (Most are also available in chopped form for Juniors.)

OTHER MEATS FOR BABIES FROM SWIFT . . .

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon.

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both collegiate and graduate education to nurses. Through the past six decades it has awarded baccalaureate, masters and doctoral degrees to many nurses from many parts of the world. Its program continues to be the largest in the United States. The current enrolment of 1,418 graduate nurses represents 40 different states, 3 territories and 29 countries.

Mary Adelaide Nutting, a woman of wide vision and keen intellect, helped to bring about new concepts of nursing education that have greatly influenced nursing services in many parts of the world.

International Representative

Alice Girard, our President, will represent the International Council of Nurses at the World Medical Association 13th General Assembly to be held at the Queen Elizabeth Hotel, Montreal, September 7th to 12th, 1959.

A Salute to our French-Speaking Colleagues

Nurses everywhere will wish to join us in greeting our French-speaking colleagues who, this month, will commence to receive this official *Journal* in the French language.

To *L'Infirmière Canadienne* and the people responsible for this achievement in our nursing profession we extend our best wishes.

In Memoriam

Mary Elizabeth Bradley who graduated from General Hospital, Stratford, Ont. in 1934, died January 29, 1959 after a long illness.

* * *

Anna Isobel (Brown) Buckland, a graduate of Owen Sound General and Marine Hospital, Ont. in 1923, died on March 18, 1959. Ill health had forced her retirement from active nursing a year ago.

* * *

Junietta M. Carpenter, a New Brunswick nurse, died on April 6, 1959 at Fredericton.

* * *

Grace (Nichol) Crawford who graduated from Kingston General Hospital in 1885, died on July 2, 1958.

* * *

Sandra Forrester, a graduate of St. Mary's Hospital, Montreal in 1958, died on March 17, 1959. Following her graduation she was on the operating room staff of her hospital until illness forced her retirement.

* * *

Edna Graham who graduated from Kingston General Hospital in 1922 died on July 17, 1958. She had worked in Detroit, Michigan during most of her professional life.

* * *

Sara Selena Henderson who graduated from Saint John General Hospital in 1938, died in Montreal on March 24, 1959. Following graduation she served as medical social worker at the Children's Memorial Hospital (now the Montreal Children's Hospital) and for 14 years she was a staff member of the mental hygiene division, Department of Health, City of Montreal.

* * *

Margaret Jane (Sharp) Hinds, a graduate of Belleville General Hospital, Ont., died March 14, 1959. An overseas nurse during World War I, Mrs. Hinds served for a number of years on the staff of Christie Street Hospital, Toronto.

* * *

Jean Houston who graduated from Winnipeg General Hospital in 1915, died in Vancouver on March 17, 1959. She had served overseas with the Canadian Army Medical Corps during World War I and for 19 years she was the superintendent of nurses at Manitoba Sanatorium, Ninette.

* * *

Della Louise Jewett, a graduate of Victoria Public Hospital, Fredericton in 1930, died on March 10, 1959. In 1958 she had retired from the staff of the East Saint John Tuberculosis Hospital after 24 years of service.

* * *

M. Victoria Kenney who graduated from the Ottawa Civic Hospital in 1944, died on March 16, 1959. Miss Kenney was a member of the operating room staff, Anson General Hospital, Iroquois Falls, Ont., and president of District 12, RNAO.

* * *

Michelle Brigitte Levesque, who graduated from St. Luke Hospital, Montreal in

Canadian doctors at the
EDINBURGH C.M.A.-B.M.A. MEETING

ENJOY THESE "CANADIAN" CLUB PRIVILEGES
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Farmer's Wife
MEMBERSHIP CARD
"CANADIAN" CLUB

(Doctor's signature)

This card entitles bearer to special club privileges at the Overseas League House, 100 Princes Street, during the Edinburgh Medical Convention, July 18th through July 25th. See map on reverse side.

Ask for YOUR free Membership Card

• At the Convention Registration Desk **• At the "Canadian" Club**

Farmer's Wife has a complimentary "Canadian" Club membership card reserved for Canadian doctors and their families, attending the Edinburgh Medical Convention. The convenient Club Rooms will add pleasure to your leisure—they're located in the centre of the convention activities, at the Overseas League House, 100 Princes Street. Plan on making this your Edinburgh mailing address and message exchange centre. Farmer's Wife looks forward to being your "Canadian" Club host during your Edinburgh visit.

Farmer's Wife
INFANT FORMULA MILKS

1957 died as the result of an accident on January 4, 1959.

* * *

Mildred I. Lorentz, a graduate of the University of Cincinnati College of Nursing and Health, died on March 21, 1959. Miss Lorentz was the first vice-president of the National League for Nursing and director of the department of nursing, Michael Reese Hospital, Chicago.

* * *

Catherine (Goodwin) Lovatt who graduated from Winnipeg General Hospital in 1941, died on October 24, 1958. She had served overseas during World War II and for the past three years had nursed in Souris District Hospital, Man.

* * *

Barbara Mills, a nurse in Moncton, N.B., died in an automobile accident on April 8, 1959.

* * *

Barbara (Walker) Paul who graduated from Brockton Nursing School, Mass. in 1898, died recently. She was a former resident of Red Rapids, New Brunswick.

* * *

Agnes C. Sargeant, a graduate of Montreal General Hospital in 1918, died in Winnipeg on December 3, 1958. An overseas nurse during World War I, she served for several years with the Department of Immigration as a health officer on the Roosevelt Bridge, Cornwall. She retired from active nursing in 1948.

* * *

Vera (DeGeer) Schuetze who graduated from Vancouver General Hospital in 1955, died on March 27, 1959 at Revelstoke, B.C. when a mud and rock slide engulfed the home in which she was visiting.

* * *

Beulah (Shannon) Sleeth who graduated from Kingston General Hospital in 1927 died on January 5, 1959 after a long illness.

* * *

Olive Blanche Todd, a graduate of Kingston General Hospital in 1920, died on December 3, 1958. She had engaged in private nursing until 1948.

Some startling effects are produced by airborne radar. Under some conditions dry steel wool may be ignited. Photographers' flash bulbs have been set off at distances up to 350 feet. Ignition is caused by the heating of the fine wires to a point of incandescence under the influence of radar microwaves which are shorter than radio waves. Fuel vapors also can be ignited by a microwave beam if there are metal chips or wires in close proximity. An electric potential is built up between two metal particles and if a disharge takes place the resulting arc ignites the fuel.

It is generally conceded that the primary hazard to the body from microwaves is due to the heating effect. Injury does not occur instantaneously but chronic exposure to high levels may cause tissue damage. Tests have been conducted on small fur-bearing animals to determine the effects of microwaves. The first test revealed potential health hazards. These tests were highly publicized and gained the attention of persons in all walks of life. The tests themselves do not necessarily apply to man for many important reasons. The small furry animal does not have an efficient heat regulating mechanism. It is quite easy to elevate its body temperature to a critical point.

Man is a relatively large object with a very efficient heat regulating system that can resist the effect of microwave heat more effectively. Usually he works in open areas where it is easy to lose body heat to the surrounding cooler air. Another important factor is that the animals were exposed to a stationary beam. Most humans are exposed to beams from rotating antennas. This gives the person exposed to the microwave a chance to lose heat to the surrounding air between exposure intervals. Complete physical examinations have been given to personnel occupationally exposed to microwave radiation. The history of exposure varied from a few days to greater than 10 years. The results of these examinations showed that there was no significant evidence of any temporary or permanent body changes or injury which could be attributed to microwave radiation.

— Industrial Health Conference

* * *

There is no duty we underrate so much as the duty of being happy.

— Robert Louis Stevenson

* * *

Medicine — the only profession that labors incessantly to destroy the reason for its own existence. — James Bryce

A DOCTOR'S EDUCATION
goes on . . . and on . . . and on

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Another thing you learn . . . Heinz Junior Foods are the increasingly popular aid for babies making the transition from strained to adult foods. Familiar flavours and fine-chopped "chewy" texture encourage the baby to chew, and to *like* chewing. Heinz Junior Foods are thoroughly digestible—even if incompletely chewed.

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Itinerary Especially Planned for Canadian Nurses' Association European Tour

Travel Arrangements by Thos. Cook and Son World Travel Service

The following tour is being planned as a post-convention attraction of the 30th Biennial meeting of the Canadian Nurses' Association which will be held in Halifax, Nova Scotia, June 19 to 24, 1960. Among the highlights of this European tour will be professional observation visits designed to meet the requests of the nurses participating.

1960	***European Tour Arrangements***
Sat. June 25	Leave Halifax in the morning by air via Gander and London for Edinburgh.
Sun. June 26	*Prestwick:* Due to arrive. Transfer by private motor coach to Edinburgh.
Mon. June 27 thru Thu. June 30	*Edinburgh:* Arrangements will be made for a day's professional observation visits as requested by the various groups of nurses taking part in the tour. Ample time will be provided for sight-seeing visits around the city and a full day excursion by motor to Loch Lomond and Trossachs.
Fri. July 1	Leave Edinburgh by air for London.
Sat. July 2 thru Wed. July 6	*London:* Three days will be planned for observational professional visits which would include a visit to the International Council of Nurses headquarters, the Royal College of Nursing, hospitals and health agencies, according to the interest and wishes of the nurses. Planned tours of the City of London will be arranged.
Thu. July 7	Leave London in the morning by air for Paris.
Fri. July 8 and Sat. July 9	*Paris:* Tours of such places as the Louvre Museum, Tuileries Gardens and the Champs Elysees will be arranged. In addition, ½-day excursion to the Palace and Gardens of Versailles.
Sun. July 10	Leave Paris by night sleeping car train for Nice.
Mon. July 11 and Tue. July 12	*Nice:* Half day motor trip to Grasse and Gorges du Loup.
Wed. July 13	Leave Nice by motor coach via French and Italian Rivieras for Genoa.
Thu. July 14	Leave Genoa by day train for Rome.
Fri. July 15 and Sat. July 16	*Rome:* Drives through the city visiting such places as the Pantheon, Pincio (panorama of the city), Basilica of St. Peter, Square of the Capitol, Colosseum and many other places of interest.
Sun. July 17	Leave Rome by motor coach via Assisi and Perugia for Florence.
Mon. July 18	*Florence:* Whole day motor tour of the city including Medici Chapels, Cathedral, Grotto's Campanile, Baptistry and the Palazzo Pitti.
Tue. July 19	Leave Florence by early afternoon train for Venice.
Wed. July 20	*Venice:* Morning sightseeing stroll visiting the Church of St. Mark, the Doge's Palace, the Dungeons and the Bridge of Sighs. The afternoon is spent gliding along the Grand Canal in a sleek Venetian gondola via the Ca d'Oro, Rialto Bridge, Church of the Frari, the Church of Santa Maria della Salute, and including visit to a Glass Factory.
Thu. July 21	Leave Venice by day train via Milan for Geneva.
Fri. July 22 and Mon. July 25	*Geneva:* Tour of the city and planned professional visits to World Health Organization, League of Red Cross Societies and other points of interest.

Likes her coffee sweet . . . and her calories low

That's why she carries the 100-tablet bottle of Sucaryl with her when she travels. Just the idea that she's got her Sucaryl along — can have her coffee as sweet as she wants, whenever she wants, without being penalized by calories — helps make dieting lots easier. The point: Sucaryl, more and more, is becoming an important part of the daily pattern of living in (and *outside*) the home.

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Mon. July 25	Leave Geneva in morning for Mainz by way of Lucerne, thence transfer by motor coach to Wiesbaden.
Tue. July 26	Leave Wiesbaden by Rhine steamer to Koblenz and in the afternoon continue by train to Brussels.
Wed. July 27	*Brussels:* Half-day tour of the city visiting the Bourse, Town Hall, Fountain Boy, Palais de Justice, Royal Museum, Parliament and Sainte-Gudule Church.
Thu. July 28	Leave Brussels by morning train for Amsterdam.
Fri. July 29	*Amsterdam:* Visit to old and modern Amsterdam. Half-day drive to the picturesque fishermen's village of Valendam and by boat to the isolated Isle of Marken where old Dutch costumes and customs are proudly maintained.
Sat. July 30	Leave Amsterdan in the morning by air via London for Montreal.
Sun. July 31	*Montreal:* Due to arrive.

Approximate Tour Fare — $1,270.00

All fares are based on Tariffs and Exchange Levels existing March 6, 1959, and are subject to change.

The Tour Fare Includes

Travel in Europe: First class or best class on European trains using parlor car seats for day travel where available. For overnight journey, berth in sleeping car compartments will be requested. For motor coach travel, seats in private vehicles are provided.

Hotel accommodations: Beds in double room without private bath at ordinary first class hotels. Supplement for a single room, where desired, would be $83.00.

Meals: Three table d'hote meals daily, namely, meat breakfast, lunch and dinner, with the exception of Edinburgh, London and Paris where meat breakfast only will be provided. When travelling by train or motor coach meals are also provided.

Sightseeing: Comprehensive program of sightseeing in each city where specified in the itinerary with the assistance of local lecturers and guides.

Transfers of passengers and two pieces of personal hand baggage between railroad stations, airports and hotels throughout the itinerary.

Baggage: Transportation of two pieces of personal hand baggage in accordance with the usual weight allowance of transportation companies. (Luggage of this size — 12" x 18" x 26" — generally fits the compartment racks of most European railroad carriages). Limit on size of baggage is due to the width of baggage racks in European conveyances. A limit of 44 pounds of baggage is allowed because of air flights. Charges for excess (if allowed) must be paid direct to airline. Cook's employ every reasonable means to provide during the tour for the careful handling of the baggage through the customary and available facilities, but at "owner's risk," and without any liability on the part of Cook's for damage, loss or pilferage. Baggage Insurance may be purchased through any office of Thos. Cook & Son.

Tips: Fees or tips to hotel servants to the extent of the services included in the tour fare, also tips to porters, chauffeurs, etc., while accompanied by the Tour Escort, also admission fees to museums and monuments on sightseeing trips.

Tour Manager: To accompany each group from Prestwick arrival to Amsterdam departure.

The Fare Does Not Include: Passports and visas; laundry; wines; liquors; mineral waters; luncheons and dinners in Edinburgh, London and Paris.

Requests for applications or further details should be submitted to

Canadian Nurses' Association
270 Laurier Avenue West
Ottawa, Canada

Iron and steel mills, until a few years ago, were notorious for their air pollution. Aviators used to report that they could follow the smoke cloud from a single mill for 300 miles.

— National Conference on Air Pollution 1958. U.S. Dept. of Health, Education & Welfare.

* * *

What a man thinks of himself, that it is which determines, or rather indicates, his fate. — HENRY DAVID THOREAU

Today's foremost adjunct
in the treatment of hemorrhoids
and related anorectal conditions

New Stainless PAZO

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Infectious Hepatitis

MAVIS TRENCHARD

SOCIAL HISTORY

THE ATTRACTIVE 34-year-old woman, was admitted with a diagnosis of infectious hepatitis. She had been in the hospital several times previously — to have an appendectomy and for the births of her four children. Mrs. Mann was a highly intelligent, friendly, somewhat sophisticated, happily married woman of Scottish and Irish parentage. She was well-educated, with a Bachelor of Arts degree, and had served in the RCAF for a period of two years prior to her marriage.

Unpacking her bag, and taking out four thick books, she explained that she intended to make her stay in the hospital worthwhile. She obviously enjoyed reading, since she read at least 15 books during her 11-day stay. Throughout her hospitalization she made every adjustment easily and cooperated readily with all personnel.

MEDICAL HISTORY

Infectious hepatitis is an infectious disease of the liver cells. The cells swell, and are functionally disturbed. This is caused by an ultra-microscopic virus. The condition is characterized by jaundice and there is usually a loss of appetite, nausea, an elevated temperature, vague epigastric distress and an enlarged and painful liver — all of which may last from four to eight weeks. The administration of 0.01 cc. per pound of body weight of gamma globulin during the two to six-week incubation period may prove effective if given within a period of a few days following exposure.

Probably the most significant fact in Mrs. Mann's recent history was that six weeks before her illness, her husband had been admitted to the hospital with infectious hepatitis. During the week preceding her own admission, Mrs. Mann stated that she felt as if she were "getting the flu." She felt fatigued and had general malaise. The morning of her admission to the hospital, she was nauseated, and had a low grade fever, with a headache. Her urine was characteristically dark. She was not jaundiced at any time except that her sclera were slightly yellow. Neither did she experience much of an appetite loss.

LABORATORY REPORTS

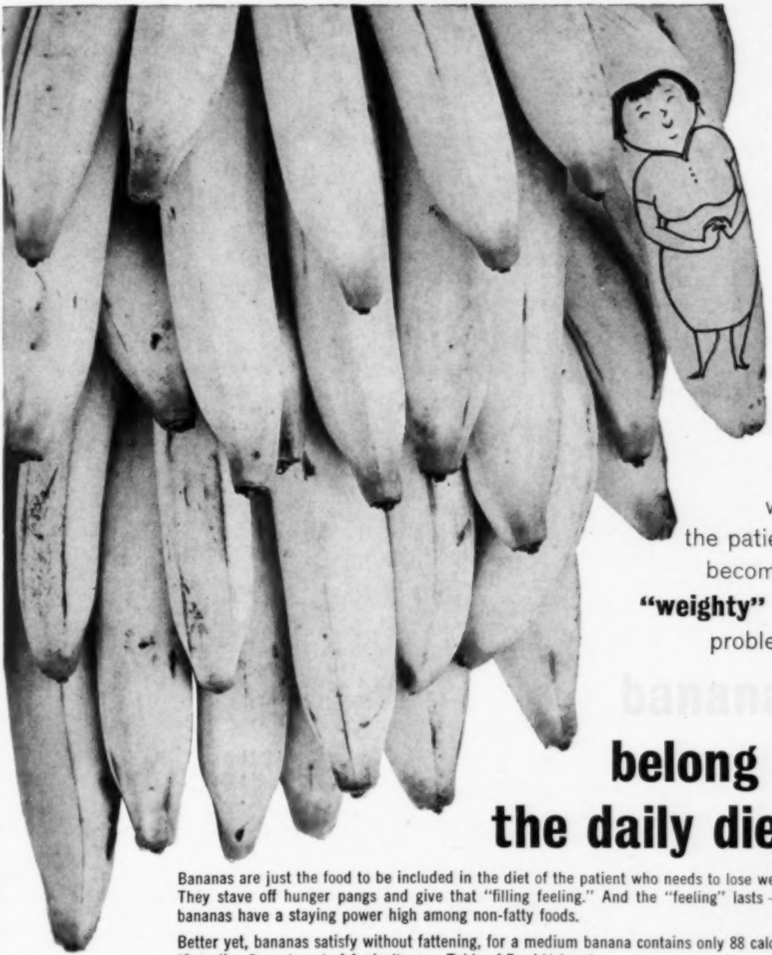
1. There was a decreased number of white blood cells which indicated a decreased defence against infection.
2. The lymphocytes showed an increase which happens in certain infections.
3. A rise in sedimentation rate indicated the tissue breakdown that occurs in the liver with this condition.
4. An increase in bilirubin causes jaundice. Mrs. Mann showed such a slight rise that she exhibited very little jaundice.
5. There was an increased bromosulphalein reading which pointed to the possibility of jaundice as well.

NURSING CARE

Special diet and bed rest are probably the most important factors in caring for the patient with infectious hepatitis. The diet should be high in protein, carbohydrate and low in fat. Vitamins — especially the vitamin B group which guards against liver damage — are equally important. Fluids must be given in abundance.

The purpose of the diet is to avoid any additional strain on the liver, and to aid in its regeneration. The high protein content of the diet prevents fat stagnation or fatty infiltration and aids in the recovery of the liver cells from injury. The carbohydrate intake keeps the glycogen stores of the liver at a high level and prevents degenerative changes. In more severe cases of infectious hepatitis, glucose may be administered intravenously. The desired effect was achieved although Mrs.

Miss Trenchard is a student nurse at the Royal Columbia Hospital, New Westminster, B.C.



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Mann complained that the diet was slightly uninteresting.

The treatment of the patient with infectious hepatitis is almost completely symptomatic. Any complaints of discomfort are relieved to ensure a maximum amount of rest. Good general nursing care plays a major role. The nurse must deal with the needs of the patient and also prevent the spread of infection to herself and others. Medical asepsis — disinfection of excreta and equipment, etc. — is very necessary. Mouth care is important when the attack is acute and the patient is more severely ill. The skin may tend to become dry and itchy. Application of olive oil or lanolin is soothing and helpful. Since the lack of adequate rest may lead to the development of cirrhosis — the final stage of liver injury — the patient must be placed on bed rest for a period of time determined by her doctor and largely dependent on laboratory results.

Since Mrs. Mann was not severely ill, she was only kept on complete bed rest for a very short time — two days — until her temperature returned to normal. Thereafter she was allowed bathroom privileges until two days before discharge when she was permitted to be up at will. While on complete bed rest, she was bathed by her nurse.

Medications: Slight stomach acidity and gastric distress were relieved by calcium carbonate preparations. Gravol tablets were used to control nausea and vomiting. In most cases of infectious hepatitis, relief from discomfort is provided by aspirin or its compounds. Mrs. Mann only required such medication on one occasion to relieve a headache. Carbrital was ordered for her on the day of her admission as a hypnotic to ensure a restful night. This was later replaced by chloral — a sedative preparation.

As Mrs. Mann's diet called for forced fluids, she was given an abundance of sweetened fruit juices to help to increase her carbohydrate intake as well. It was not necessary in Mrs. Mann's case, but in more severe attacks, vitamin B preparations and casein hydrolysates are administered to supply amino acids and protect the damaged liver cells.

Fortunately, there were no particular problems to be met in the nursing care of this patient. Her illness was well defined, a relatively mild degree of infectious hepatitis was experienced. She was an extremely cooperative patient which contributed to an uneventful recovery.

Records assembled more than 30 years ago on tens of thousands of individuals in several hundred families have been brought out of locked files at Johns Hopkins University and are being put to use in a study of the heredity factor in high blood pressure.

Between 1925 and 1930 a professor of biology operated a "Constitution Clinic" at Johns Hopkins Hospital. Its purpose was to study the human constitution in relation to disease by using medical data, body measurements and genetic factors. Patients were selected from hospital clinics and wards and examined in great detail. Of 527 persons so studied, 212 had high blood pressure. Data on each patient's family — his immediate ancestors, brothers and sisters, children and grandchildren — were recorded.

The new study, which began in July, 1958, is expected to take five years. By that time it is hoped that almost all of the original patients and many of their families can be traced. There have been many new developments in the study of human genetics since the original data was gathered. Modern blood grouping systems were not in use as genetic markers at that time. Another record which will be studied now is the amount of cholesterol in the blood. Cholesterol is one of the fatty substances deposited in arteries in the disease known as atherosclerosis, although its exact relationship to the causation of the disease is not yet understood.

It is too early to draw any conclusions from this study. Studies by others indicate that inherited blood pressure is not due to any single gene but probably to several genes. This present study is expected to be of use in testing results of other investigators who have found that blood pressure increases with age. Data will also be gathered on possible family traits in conditions other than high blood pressure. These include cancer, allergy and kidney disease, as well as known hereditary disorders like dwarfism.

— American Heart Association

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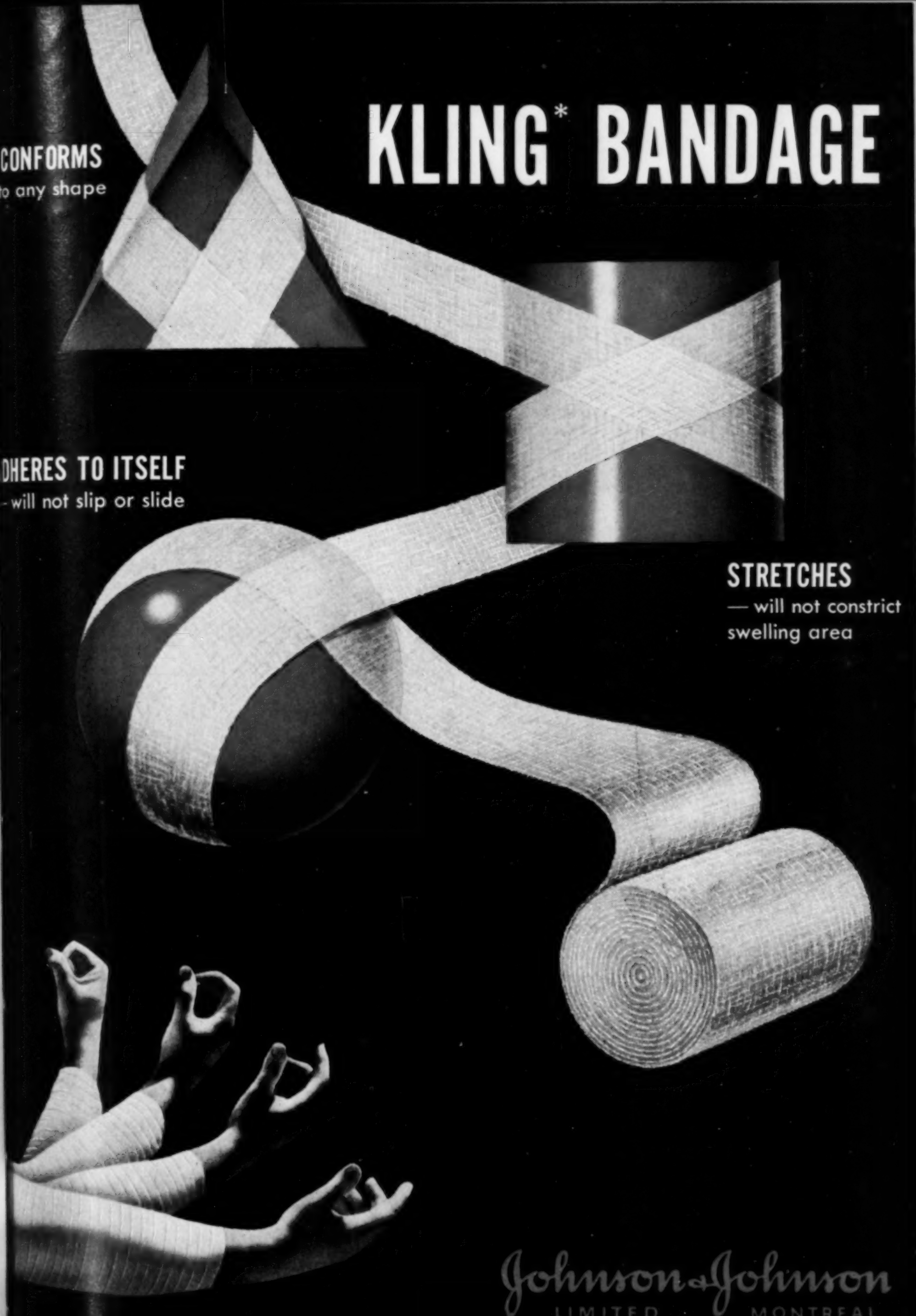
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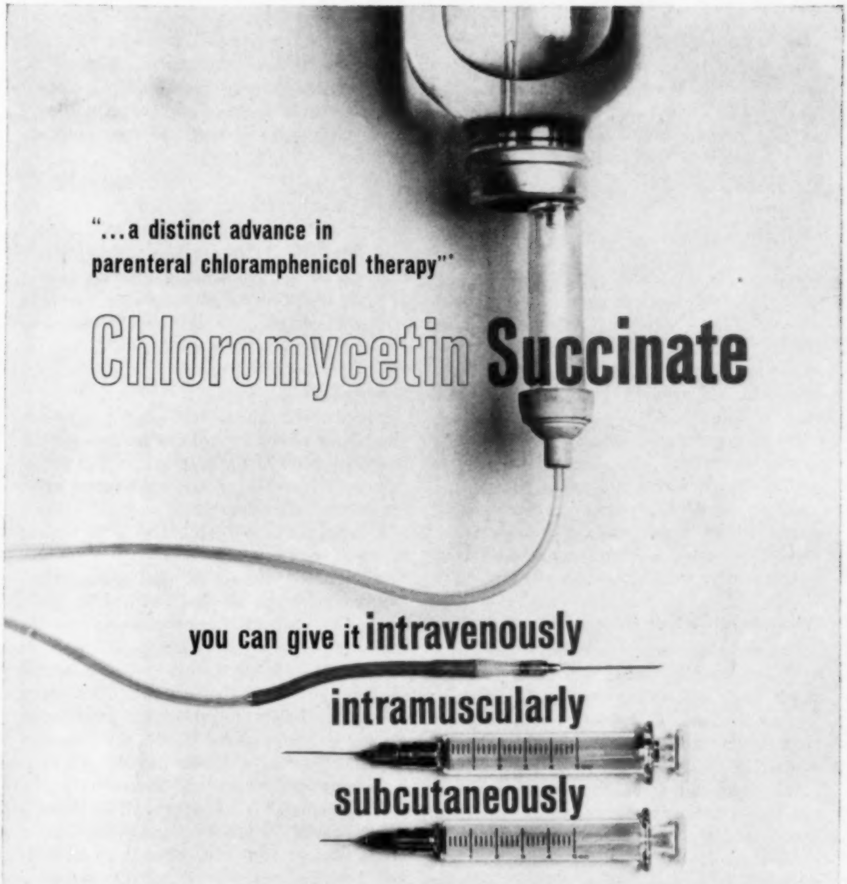

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[*] Ross, S.; Puig, J. R., & Zaremba, E. A., in Welch, H., & Marti-Ibañez, F.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 817.

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Unique Award

Each year the Women's Auxiliary of the American Swedish Historical Museum gives an award of a life membership in the Foundation to a woman of Swedish background who in the opinion of the committee has made an outstanding contribution in her field as well as in service to others.

This year, the Auxiliary has honored the President of the International Council of Nurses, Miss Agnes Ohlson, by conferring a life membership upon her as a mark of appreciation for her magnificent accomplishments.

—ICN Newsletter No. 75

Rabies, the most dreaded of all diseases, is produced by direct contact with an infected animal usually through a bite. The virus causing rabies is excreted in the saliva of an animal during a limited period in the course of the animal's infection. When the virus is introduced by means of a bite the chain of transmission of this disease begins to take its course.

Once the clinical symptoms of rabies have developed in a bitten person death invariably occurs within a few days. Fortunately the incubation period is usually sufficiently long for preventive treatment to be effective.

What to do when bitten

The most important preventive step can be taken by the bitten individual himself. Wash the wound as soon as possible, thoroughly and completely, with copious amounts of soap and water. Even before the advice of a physician is sought, this simple step can serve to remove most, if not all, of the rabies virus which has been introduced into the wound.

Any animal bite should be reported immediately to a physician or a health authority. In a country where rabies is a problem there is always a possibility that the animal is rabid and that the bitten person has been exposed to infection. Specific antirabies treatment must then be instituted. This can be done only by physicians or in special clinics equipped for this purpose.

Every effort should be made to capture the biting animal alive and to arrange for it to be observed under isolation and in secure confinement by a competent veterinarian for at least 10 days.

A definite diagnosis of rabies in an animal is much more easily made if the disease is allowed to run its natural course. Then the symptoms can be observed and the brain and salivary glands can be examined for the rabies virus after the animal has died. If the animal is killed during the early stages of the disease it is frequently much more difficult to be certain about the presence of rabies. If there is any doubt, the long and unpleasant series of rabies inoculations must be undergone by the bitten person.

If the animal is not captured, as is often the case with wildlife or stray dogs, there is no way of telling whether it is rabid or not. Specific treatment is usually indicated.

— *Health,* Jan.-Feb. 1959.

Book Reviews

Education for Nursing Leadership by Eleanor C. Lambertsen, R.N., Ed.D. 197 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 1958. Price $5.00. *Reviewed by Miss Kathleen W. Ellis, formerly executive secretary, Saskatchewan Registered Nurses' Association, 268 Cambie St., Penticton, B.C.*

In the pages of this book most aspects of nursing education, including many practical applications and problems, are considered. Emphasis is placed on the nursing team. "Education for Nursing Leadership" is not "easy reading." However, it is thought-provoking and well worth the effort of interpretation which it demands.

The preface and introduction to Dr. Lambertsen's book give a helpful outline of the four parts in which the content is presented. In the opening chapters there is a comprehensive review of the history of nursing, the social changes affecting each period and subsequent developments. This section of the book should be of particular value to nursing students as well as teachers in interpreting and understanding the evolution of nursing.

Many important studies and surveys affecting nurses and nursing are dealt with under such headings as: 1873-1893 — Pioneering Period; 1893-1913 — Period of Expansion of Training Programs; 1913-1937 — Period of Standard Setting and Stocktaking, etc.

Later in the book, the nature and significance of the functions of nursing, including both the duties of "professional nurses" and of those persons in the sphere of "occupational or semi-professional" nursing, are discussed. The responsibilities and interdependence of these groups in the so-called "nursing team" are also presented. Particular emphasis is placed on the growing importance of this fairly recent method of presenting nursing care. A strong case is made for it throughout the book and the discussion includes helpful information concerning the type of organization essential to the success of team nursing. At the same time, development of leadership and its practical application is kept before the reader.

One chapter deals almost entirely with the nursing team and includes discussion of nursing care conferences, continuity of nursing care, supervision and leadership of the team, guides and graphs for assignments.

Those nurses, apparently not a few in number, who are deeply concerned with the question "Is Nursing a Profession?" should find the answer, or obtain help in arriving at it, through this book. In the introduction it is stated: "The point of view taken here is that nursing is clearly an occupation with a tendency towards professionalism in *certain* selective phases of practice for *certain* workers in the occupation" and later in the book: "Professional education prepares one *to become* a practitioner rather than *to be* a practitioner." The author also discusses the changing concepts of "professions." The principles of professional education, the philosophy and science of nursing education, the nature and continuing significance of the occupational as well as the social forces on nursing and nursing education are dealt with throughout. These and the conclusions reached are summarized in the final chapter.

The book is well-documented. Authorities referred to are widely known for their special contributions. The bibliography includes lists of books and studies. Most of

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these are American in origin and made possible through American philanthropy. However, with many more such projects, they have proved of *international* value. Over the years, their impact and influences have done much to improve and encourage standards of nursing generally throughout the civilized world.

"Education for Nursing Leadership" no doubt will prove its value in many hospital and school of nursing libraries and in its use by nursing organizations. It is especially adaptable to use by more advanced students. Even the occasional lay reader may find it of interest, especially those parts dealing with professions.

Scientific Principles in Nursing by M. Esther McClain, R.N., B.S., M.S. and Shirley Hawke Gragg, R.N., B.S.N. 535 pages. The C. V. Mosby Company, St. Louis, Mo. 3rd ed. 1958. Price $4.50.

Reviewed by Mrs. K. Wright, Director of Nursing, Moncton Hospital, Moncton, N.B.

The authors have written this text with the main objective of presenting and stressing principles of anatomy and physiology, microbiology, chemistry, pharmacology, physics, psychology and sociology as they apply to the various nursing situations, rather than giving detailed nursing procedures.

The text is patient-centered, and the student rightly sees her patient as a "member of a community." The use of "referrals" is given a prominent place.

The content of the book is broad. It includes chapters on radiation, diagnostic tests, communicable diseases and the geriatric patient, to mention a few of the topics covered. The section on observation of the patient should be most helpful to the young student. The summaries are good. The suggested review questions are excellent in helping the student apply principles to actual nursing situations.

As the authors point out, the majority of hospitals have manuals of nursing procedures. A text based on principles is excellent for the student of nursing so that the reasons for the various methods employed may be fully understood.

Microbiology and Epidemiology by La Verne Thompson, R.N., M.A., M.S. 581 pages. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. 4th ed. 1958. Price $6.00.

Reviewed by Sr. M. Calasanctius, Director of Nursing Education, St. Clare's Mercy Hospital, St. John's, Nfld.

This text will help to meet the change in our conception of nurse education, which today involves public health, disease prevention and methods of control.

Experience has taught us that a clearer concept of epidemiology and control of infectious diseases is obtained if an orderly pattern of thought is followed. With this in mind, the author has discussed microorganisms in their relation to phases of infection that concern nurses. The subject matter is presented in an easy, direct style with stimulating questions at the beginning of each chapter which create interest and orient the student rapidly.

Three strong points in this new edition are:

1. The explanation of the influence of host, parasite, and environment on the occurrence of infectious diseases.
2. The application of bacteriology in nursing.
3. The inclusion of public health aspects.

New material comprises the nature of virus diseases including poliomyelitis and the use of Salk vaccine, testing for the efficiency of sterilization methods, examination of blood plasma and serum, skin tests for evidence of allergic response.

As a text it should give a good background for understanding infectious diseases, operative aseptic technique and methods of control of infection.

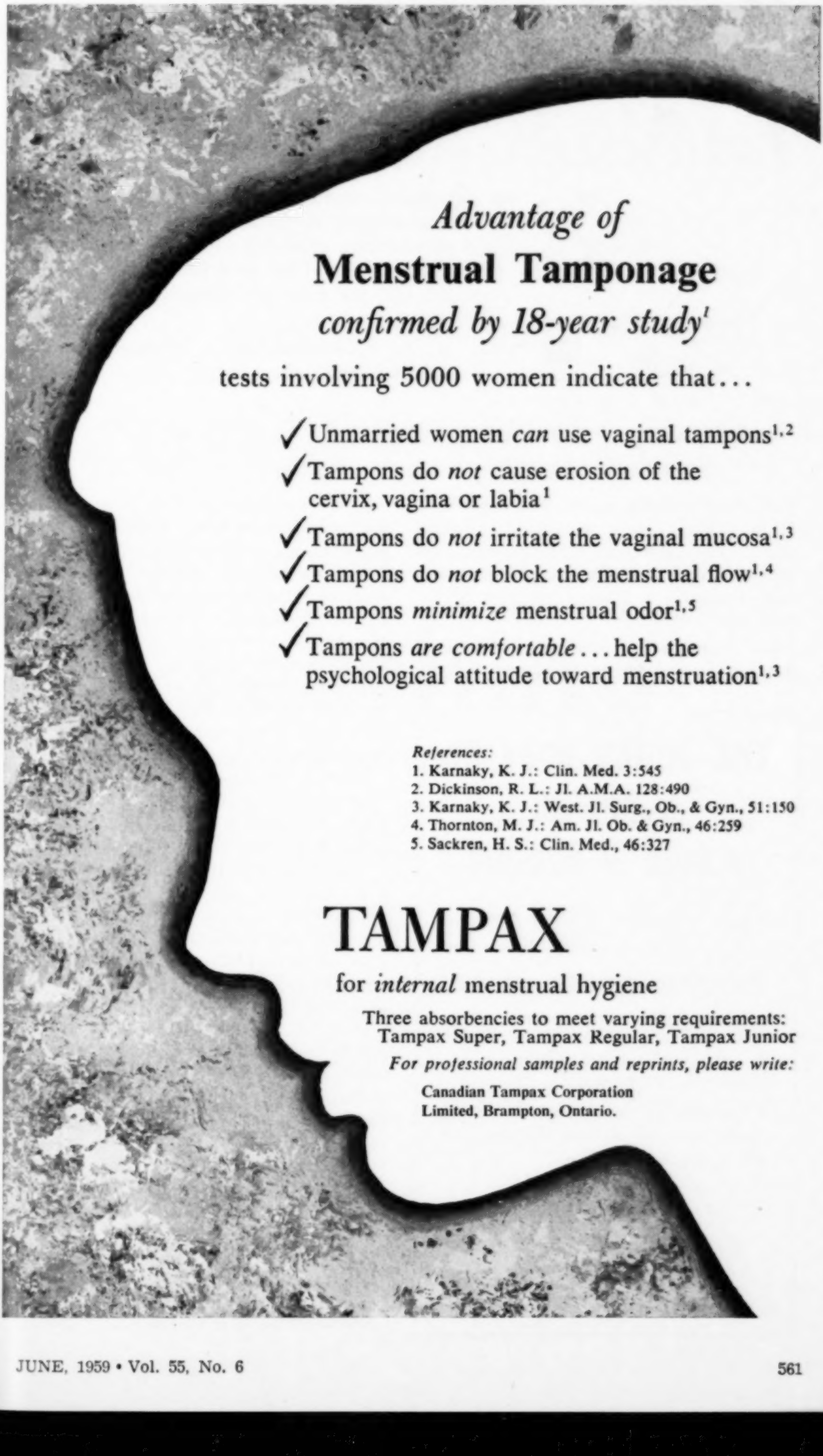
Essentials of Pediatrics by Philip C. Jeans, A.B., M.D., F. Howell Wright, B.S., M.D. and Florence G. Blake, R.N., M.A. 714 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 6th ed. 1958. Price $6.00.

Reviewed by Sister Marie Vianney, Clinical Instructor, St. Joseph's Hospital, Guelph, Ont.

This revised edition is arranged to present to us the "widening scope of pediatric nursing." It enables us to understand the emotional aspects of disease and the new scientific techniques employed in diagnosis, treatment and prevention.

Unit 1 deals with the normal growth and development of the healthy child. Attention is given to the nutritional requirements for growing children. A general picture of personality formation from the neonatal stage to the adolescent period is also included.

Unit 2 gives a picture of the causes and rates of infant mortality and morbidity. The specific signs and symptoms of conditions which affect children are discussed. The authors indicate how these diseases differ



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References:
1. Karnaky, K. J.: Clin. Med. 3:545
2. Dickinson, R. L.: Jl. A.M.A. 128:490
3. Karnaky, K. J.: West. Jl. Surg., Ob., & Gyn., 51:150
4. Thornton, M. J.: Am. Jl. Ob. & Gyn., 46:259
5. Sackren, H. S.: Clin. Med., 46:327

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from those affecting adults. The importance of prophylactic care is pointed out, including education of parents regarding accident prevention, proper nutrition, prenatal and postnatal programs and the advantages of the child health clinic.

Unit 3 points out the interrelatedness of the physical and emotional aspects of nursing care and indicates how they affect the individual's whole being. Emphasis is placed on the importance of the nurse having insight into her own emotions and behavior and those of others in order to promote personality development in her patients. Specific descriptions of various behavior patterns prove very enlightening. Illustrations of techniques employed in restraining and supporting children during administration of medication and parenteral fluid therapy are most helpful.

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Illustrations and color plates throughout the entire text are appropriately chosen and provide an additional source of information. This book is a most useful guide to all concerned with pediatric nursing. It will help the student to develop a sound foundation for all phases of child care.

Handbook of Cardiology for Nurses by Walter Modell, M.D., F.A.C.P. and Doris R. Schwartz, B.S., R.N. 328 pages. The Springer Publishing Company, Inc., New York. 3rd ed. 1958. Price $4.25.

Reviewed by Miss Florence Gass, Director

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of Nursing, Victoria General Hospital, Halifax.

This book was written originally as a reference for nurses in the medical management of heart disease. In a subsequent revision the book was expanded "nursing-wise" with an amplification of the nurse's approach to the care of these patients. Further expansion in the latest edition gives an up-to-date source of reference for newer techniques and forms of treatment, including many new drugs.

The text was written, according to the authors, "with a hope that it will facilitate the nurse's understanding of the physician's instructions." They describe the nurse's position as "in the middle" because her responsibilities cannot end with the carrying out of the doctor's orders. She has her own area of responsibility to her patient. Too frequently the nurse finds herself so confused with the many divergent plans of therapy and opinions concerning the care of the cardiac patient that it is difficult for her to either help the doctor carry out his particular plan or help the patient to respond to it. With the detailed and comprehensive information that is found in this book, the nurse can develop the intelligent understanding whereby she can be of help to both.

The description of what to observe in taking a pulse — an art that seems to be losing place to the technique of blood pressure reading; a brief explanation of electrocardiogram results; a very full table of foods with their sodium content and a discussion of the neurotic patterns of behavior which may develop in a patient with heart disease, are only a few of the details which contribute to the nurse's understanding.

The use of surgical techniques in the treatment of cardiac disease is touched upon very briefly. The surgical nurse will have to search elsewhere for a discussion of the immediate preoperative and postoperative care. It is unfortunate that this was not included to ensure a comprehensive reference book.

One is pleased to find such a book written so specifically for the nurse. We must not lose sight of the fact, however, that in a field where there is so much research being carried out, this text will readily become out-dated. Fortunately, many of the nursing aspects developed in such explicit detail are not likely to change. A nurse in any field, be it ward administration, general duty, private nursing, teaching or public health will find this book rich in information and one that she will use time and time again.

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Instructors (Classroom & Clinical) for 200-bed hospital, 85-student school of nursing. Salary $3,630-$4,080 per annum, 40-hr. wk. Apply: Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Clinical Instructors for medical & surgical clinical services needed for large expanding City Hospital. Salary range $310-$340; 40-hr. wk. liberal sick leave & vacation. Permanent employment, opportunities for advancement. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Matron for 51-bed hospital fully staffed. Excellent equipment, **Lab & X-Ray Technician.** Wages $375-$400 with increments. 2-room suite with bath, maintenance $26 per mo. Pension plan available. Situated in a thriving district, with bus & rail transportation daily. 4 doctors, 1 dentist, orderly on staff. Write or phone: W. N. Saranchuk, Sec.-Treas. Municipal Hospital, Elk Point, Alberta.

Registered Nurses for a large expanding City Hospital in Edmonton, Alberta for summer relief & permanent employment. Experience available in all departments including oprating rooms & case rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave, vacation, 40-hr. wk. General Duty $255-$285 per mo. plus laundry. Staff Nurses $285-$315 per mo. plus laundry. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurse for 35-bed busy General Hospital offering a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary $270 per mo. $35 deducted for maintenance & laundry. 4 semi-annual increments of $5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave yearly, cumulative to 30 days. Accommodation in hospital wing — single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

Graduate Nurses (2) for small country hospital in northern Alberta (40-mi. paved road to next city). Starting salary for R.N., $265; for Gr.N., $250 less $30 room & board. Good working conditions. Foreign nurses are given opportunity to register in Alberta after 1-yr. service. Newly decorated residence, single rooms. Apply: Matron, Hythe Hospital, Hythe, Alberta.

Nurses (2) immediately for 20-bed hospital, 40-hr. wk. Wages $285 plus annual raises; 4-wk. vacation after each year's service. Living in quarters available. Apply to Matron, Coronation Municipal Hospital District No. 39, Coronation, Alberta.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Supervisor of Nursing for 40-bed General Hospital, a very active western town in the world famous Cariboo ranching country. Construction of new 100-bed, double corridor design, 5-story hospital to start this fall. All applications considered but preference to graduate in nursing administration. Quarters in nurses' home, 40-hr. wk. 28 annual & 10 statutory holidays, 1½-days sick leave per mo. accumulative, position vacant July 1, 1959. State age, experience & references in first letter to: Adminstrator, War Memorial Hospital, Williams Lake, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary $260 per mo. with $10 yearly increment. Board & room $40, 1½ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required, 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary $295-$354. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Laboratory Technician (1) X-Ray Technician (1) fully qualified; **Registered Nurses** (3) for 30-bed hospital in Central B.C. on the Jasper Prince Rupert Highway, 70-mi. from Prince George. Salary for each of the above positions $290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacaticn after 1-yr. Laundering of uniforms by hospital; modern nurses' residence $50 per mo. Also **Certified Practical Nurses (3)** salary $190 per mo., 1½-days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

General Duty Nurses for small active hospital. Salary $250 for unregistered. $260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for General Hospital with school of nursing. Salary $275-$327 per mo. B.C. registration essential. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses (vacancies available for all floors) **& Operating Room Nurse** (1) Starting salary $260 per mo. or $273 for 2-yr. satisfactory experience, plus $10 per mo. additional for postgraduate certificate in any of the nursing fields. New 125-bed hospital to be opened early in autumn, new modern nurses' residence ready for occupancy in April of this year. For further information write to: The Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary $270, maintenance $47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Generous personnel policies, nurses' residence. Apply: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses: Starting salary $260 — $312, for those with 2 yrs. nursing experience $273, annual increment $13, full maintenance $45 per mo., 10 statutory & 28 annual holidays, 1½ days' sick leave per mo. accumulative indefinitely, very active town, world famous Cariboo cattle country, annual Stampede. Apply: Director of Nurses, War Memorial Hospital, Williams Lake, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary $280-$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Graduate Nurses (2). Salary $280 per mo. with annual increments of $10 per mo. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, British Columbia.

Graduate Nurses for 70-bed General Hospital. Salary $260-$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For salary rates & personnel policies, apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary $250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. $50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

Graduate Nurses for new 64-bed Children's Hospital located by the sea in Victoria, British Columbia. 40-hr. wk., 28-day vacation after 12-mo. service. Salary $275 gross, uniforms laundered, welfare plan available. For further particulars, apply stating age & qualifications to: Director of Nursing, Queen Alexandra Solarium for Crippled Children, P.O. Box 600, Victoria, British Columbia.

Operating Room Nurses (2) with postgraduate or equivalent experience. **Head Nurse & General Duty Nurses** for new 24-bed nursing unit. Positions available at once. Please apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

"STOP! IS THIS WHAT YOU ARE LOOKING FOR?" Applications are invited for positions on the permanent or "vacation relief" Staff of a 50-bed active hospital 35-mi from Vancouver. R.N.A.B.C. Personnel Policies in effect. Apply to Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia.

Night Supervisor (Experienced) for new 85-bed General Hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

Registered Nurse (for general floor duty) Salary $290 per mo. less $25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary $280 per mo. gross, $40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment, 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses (2), **Practical Nurses** (2) for 30-bed hospital. Salary $285 & $185 respectively. Board & room $35. Minor & major surgery. 44-hr. wk., vacation pay, statutory holidays, paid sick leave. Apply: Administrator, DeSalaberry Hospital, St. Pierre, Man.

Clinical Instructor Medical & Surgical Nursing. 1-class a year. For further information please apply: Superintendent of Nursing, Charlotte County Hospital, St. Stephen, New Brunswick.

Head Nurses & General Staff Nurses for new 26-bed phyciatric division opening July 1, 1959. Apply to: Director of Nursing, Saint John General Hospital, Saint John, New Brunswick.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Director of Nursing for 88-bed hospital located in busy town of 4,000 people. Well equipped hospital offering a challenging future. Salary offered & qualifications desired are in accordance with suggested R.N.A.O. schedules. Apply: Administrator, Lady Minto Hospital, Cochrane, Ontario.

Director of Nurses for 55-bed, well equipped hospital. Good personnel policies. Starting salary commensurate with experience & qualifications. Apply to: Administrator, Alexandra Hospital, Ingersoll, Ontario or telephone collect 1100.

Director of Nursing for General Hospital with new wing under construction is situated in the Georgian Bay vacation area, invites applications for the above position. Salary range $5,000-$7,000 per year, depending on qualifications & experience. Details available on request. Apply to: The Administrator, General Hospital, Parry Sound, Ontario.

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Registered Nurse (1) immediately for Margaret Cochenour Memorial Hospital (modern 15-bed) located on the lake in Red Lake mining district & tourist area. New nurses' residence beautifully furnished. Salary: $275 basic with increment plan. Maintenance including uniform laundry, $30 per mo. 44-hr. wk. Holidays. 4-wk. vacation with pay yearly. Transportation expense will be paid after 6-mo. employment. Apply, stating age & references to I. MacNaughton, Matron, Cochenour, Ontario.

Supervisors (including 1 for Operating Room), Head Nurses & General Duty Nurses for General Hospital. Good salary scales & personnel policies. Hospital with new wing under construction is situated in the Georgian Bay vacation area invites applications for the above positions. Details available on request. Apply to: The Administrator, General Hospital, Parry Sound, Ontario.

Operating Room Supervisor for 175-bed General Hospital, 5-modern operating rooms. Operations in 1958; major 1,132, minor 1,411. Excellent personnel policies, pension policy. Apply: Director of Nursing, General Hospital, Stratford, Ontario.

Supervisor of Nurses minimum salary $4,200. **Public Health Nurse** minimum salary $3,200 both with allowance for experience for generalized program. Pension, surgical-medical & cumulative sick leave plans. 4-wk. vacation. Car provided if required. Apply to: T. H. Alton, Sec.-Treas., Bruce County Health Unit, Walkerton, Ontario.

Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary $265-$295 for nurses currently registered; $245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: $265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary $12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply: stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Registered Nurses & Nursing Assistants (for regular staff & summer relief) in 47-bed hospital, tourist town, good personnel policies, full maintenance in residence. Apply: Superintendent, General Hospital, Kincardine, Ontario.

Registered Nurses for General Duty in all departments including operating room. Apply to: Director of Nursing, General Hospital, Belleville, Ontario.

Registered Nurses for General Duty in all departments including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary $268 minimum to $303 maximum for experience, less $20 per mo. maintenance. Transportation allowance after 6-mo. service. **Operating Room Nurse**, starting salary $288 minimum with postgraduate course, $323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for General Duty starting salary $250 per mo., 44-hr. wk., sick leave, 3-wk. vacation. Apply: Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000 **Salary: $260 per** mo. with semi-annual merit increments, **plus annual bonus plan.** Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury**, Ontario.

Registered General Duty Nurses. Salary: $230 per mo. 40-hr. wk. Apply Director of Nursing General Hospital, Cobourg, Ontario.

General Duty Nurses for 65-bed modern hospital. Salary & personnel policies upon application to: Director of Nurses, Memorial Hospital, Campbellford, Ontario.

General Duty Nurses for 88-bed hospital in a town of 4,000 in Northern Ontario. Salary according to Ontario Registered Nurses' Association recommended schedule. Apply in writing to: Administrator, Lady Minto Hospital, Cochrane, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $250-$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Certified Nursing Assistants for 26-bed hospital in Northern Ontario. Starting salary $290 per mo. & $195 per mo. Board & room available at $28.50 per mo. 5½-day wk. 8-hr. duty, annual vacation, 1-day sick leave per mo. after 6-mo. Apply: Mrs. G. Gordon, Superintendent, District Hospital, Nipigon, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for **General Staff Nurses.** Basic salary $250 per mo., 40-hr. wk. Good personnel policies for other benefits. Resident accommodation available. Apply to: The Director of Nursing.

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, nose & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Public Health Nurse (qualified) for completely generalized program. Salary range, pension plan & other personnel policy given on request. Applicant must have car. Apply to: Dr. W. H. Cross, Muskoka District Health Unit, Bracebridge, Ontario.

Public Health Nurses (Qualified) for a generalized program in suburban & rural areas with Peel Country Health Unit. Unit headquarters near Toronto. Salary range $3,400 - $4,200. Annual increment $150; pension plan, car allowance, cumulative sick & holiday leave. Optional Blue Cross & P.S.I. protection. Apply to: Mrs. Helen Littleton, Supervisor of Public Health Nursing, 44 Nelson Street West, Brampton, Ontario.

Public Health Nurses (Qualified), generalized program. Minimum salary $3,350; annual increment $150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms M.D., Director, Leeds & Grenville Health Unit, Brockville, Ontario.

Public Health Nurse (qualified with Public Health Certificate) for Haldimand County School Health Service. Good salary allowance for experience, 5-day wk., excellent working conditions starting September 1, 1959. Maximum car allowance. Apply stating qualifications & experience to: William T. Oster, Chairman, Administration Committee, R.R. #1, Cayuga, Ontario.

Public Health Nurse (for generalized program) minimum salary $3,250 with allowance for experience, pension plan, Windsor Medical, Blue Cross, sick leave, 4-wk. vacation, car allowance for own car. Apply to: M. Mackenzie, Supervisor, Chatham Board of Health, Chatham, Ontario.

Public Health Nurse (Qualified) generalized program includes some bedside nursing. Salary $3,200-$4,250, annual increment $150, 5-day wk. Car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director, Northumberland - Durham Health Unit, Cobourg, Ontario.

Public Health Nurses for generalized program in Seaway Development area. Good transportation policy & pension plan. Apply to: Mr. L. C. Kennedy, Secretary-Treasurer, Board of Health, Stormont, Dundas & Glengarry Health Unit, County Buildings, Cornwall, Ontario.

Public Health Nurses (Qualified) salary $3,500-$4,250; allowance for experience. $150 annual increments; 5-day week; 4-wk. vacation; sick leave credits; P.S.I. plan; pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Annual increment $200; 5-day wk. 4-wk. vacation, allowance for experience. Pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. R.N.A.O. salary schedule effective July 1st. Other personnel policies given on request. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Public Health Nurse (Qualified) for generalized program 20-mi. from Toronto. Salary $3,500 - $4,250 effective July 1st; allowance for experience, annual increment $150, 4-wk. vacation, cumulative sick leave, hospitalization & shared medical & surgical group in effect, pension plan. Apply: The Director, Ontario County Health Unit, (Southern Area), Pickering, Ontario.

Public Health Nurses for generalized program, rural & urban. Salary range $3,300-$4,300, annual increment $200; pension plan, Blue Cross, 4-wk. vacation, cumulative sick leave. Apply: J. R. Mayers, MD., D.P.H., Director, Norfolk County Health Unit, 58 Peel Street, Simcoe Ontario.

Public Health Nurses for generalized program in a municipality of Metropolitan Toronto. Particualrs regarding salary, hospitalization & pension plan will be given upon request. Consideration is given for 2 or more years public health nursing experience. Apply: Personnel Department, York Township Municipal Bldg., 2700 Eglington Ave. West, Toronto, Ontario.

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range: $3,727-$4,216. Starting salary based on experience. Annual increments. 5-day wk. Vacation, shared hospitalization, sick pay & pension plan benefits. Apply: Personnel Department Room 320, City Hall, Toronto, Ontario.

Public Health Nurses (Qualified) for Victorian Order of Nurses (Toronto Branch). Minimum salary $3,432, consideration given to past experience. Annual increments, 5-day wk., 4-wk. vacation, $100 uniform allowance, PSI & supplementary Blue Cross available. Pension plan benefits. Apply: Director, 281 Sherbourne Street, Toronto 2, Ontario., WA. 1-3184.

Educational Director, unusual opportunity in unique well-staffed hospital well known for both scholastic standing & bedside patient care. Excellent work situation, warm, friendly atmosphere, above usual remuneration, excellent housing & personnel policies. Midwest location in rapidly developing industrial area. 3-yr. program, 100-students, completely new facilities, college affiliation. State approved, desire accreditation. Present director retiring. Apply: Box F, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Que

Registered Nurse (1) immediately for modern 9-bed hospital in mining town of Chapais in Chibougamau district of Quebec. Nurses' residence attached to hospital. Salary $270 per mo. with $10 per mo. increment plan at 6-mo. & 1-year. Maintenance including uniform laundry $30 per mo., 42-hr. wk. with rotating shifts, 3-wk paid vacation yearly, transportation paid after 6-mo. Apply stating age & qualifications to: Opemiske Copper Mines (Que.) Ltd., Chapais, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary $235 with full maintenance in nurses' home at $35; 3-increases at 6-mo. intervals to $250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., Huntingdon County Hospital, Huntingdon, Que.

General Duty Nurses for Tuberculosis Hospital in centre of Laurentian resort area. Apply to: The Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

Matron for 15-bed modern hospital in good town, starting salary $325 with increments of $5.00 every 6-mo. for 2-yr., 1-mo. vacation with pay after 1-yr. employment, full maintenance in good residence at $34.50 per mo. **Registered Nurses (2)** starting salary $270 per mo. with the same increments & vacation time as above. **Certified Aid** starting salary $180 with 3-wk. vacation after 1-yr. employment. Applicants please apply to: Matron of Union Hospital, Eatonia, Saskatchewan.

Registered Nurses for 95-bed hospital. New nurses' residence. For particulars write to: Director of Nursing, Lloydminster Hospital, Lloydminster, Saskatchewan.

Registered Nurses (2) for 19-bed hospital. Gross salary $260 with increments & benefits as per S.R.N.A. Nurses' residence on grounds with T.V. Apply: Union Hospital, Vanguard, Saskatchewan.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave & hospitalization plan. Contact Director of Nursing Services, Washington Township Hospital, P.O. Box 656, Niles, California.

General Duty Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. $315-$360 base plus $15 shift differential until California Registered. $330-$375 base a month plus $33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

Attention! General Duty Nurses 400-bed County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, 11-pd. holidays, pd. sick leave, retirement plan & social security. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $333 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary $325, nurses' home, excellent working conditions. Write, Director of Nurses, Clinic Hospital, Woodland, California.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $315 per mo. starting salary. $15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary $320-$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses (Earn while vacationing in California) 35-bed accredited hospital, exp. to 100-beds. Starting salary $320, 40-hr. wk. Centrally located between Los Angeles & San Francisco for week-end recreations. Write Sister Administrator — Sacred Heart Hospital — Hanford, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Operating & Delivery Room Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. $325-$370 month base plus $15 shift differential until California Registered. $340-$385 month base plus $33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

Matron for 22-bed hospital, salary $350 per mo. less $35 maintenance. Separate suite in new nurses' residence, also **Registered General Duty Nurses**, salary $290-$350 maximum per yr. Apply: giving qualifications to R. Gill, Sec-Manager, Union Hospital, Leader, Saskatchewan.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $340 for days, $370 for evenings, $360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Graduate Staff Nurse for well equipped 400-bed nonsecterian General Hospital affiliated with Medical School. New salary rates: day shift $340-$370 per mo. afternoon & nights $370-$400 per mo. Comfortable low cost living accommodation available in attractive residence building. Write to: Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range $337.35 to $363.30. Shift bonus: $26 afternoons & $17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois.

Registered Nurses Salary $325-$360 in 18-mo., differential on p.m. shift $1.50, nights $1.00 Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries $285-$315, days; $10 differential for evenings & nights; $15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave S.E. Albuquerque, New Mexico. Phone 3-5611.

Operating Room Supervisor (Qualified) for modern 88-bed fully accredited General Hospital. College city of 30,000. 85% sunshine belt. 40-hr. wk. Modern personnel policies Salary open. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Registered Nurses for new 750-bed municipal hospital. Salary $3,700 per year with $100 yearly increments reaching maximum of $4,200; 40-hr. wk., vacation, sick time & 12 holidays, 1 meal & laundry of uniforms provided. Apply to: Director of Nursing, Martland Medical Center, Newark, New Jersey.

Clinical Instructor, unique hospital school located in rapidly developing industrial area 100-students, basic program, college affiliated. Splendid opportunity for recent graduate in friendly atmosphere, devoid of the usual tensions & conflicts. Better than average salary & personnel policies. Apply: Personnel Director, Holzer Hospital, Gallipolis, Ohio.

Operating Room Nurses: Positions available for advanced experience in general & specialized surgery. 5-day 40-hr. work wk. Starting salary $325 per mo. with extra compensation for call & overtime. For further information, write: Cleveland Clinic Hospital, 2020 E. 93rd. St. Cleveland 6, Ohio.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply: Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation $290 per mo. Evenings or night $304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room Nurses (Attractive opportunity) get away from fog, smog & industrial areas. Come to exciting wonderful Wyoming. 340-days sunshine, fresh air in year-round recreation area. Position vacancies, all shifts & types. 165-bed JCAH Hospital with expansion program. Capitol city, growing medical center Wyoming. 50,000 pop. Home of Frontier Days & Warren Air Base. Metropolitan Denver 2-hr. drive from Cheyenne. Excellent personnel policies. 40-hr. wk., 2-3 wk. vacation, sick leave. New nurses' residence at $43 room & board. Excellent housing facilities within 10-min of hospital. Excellent starting salaries. Apply. Director of Nursing, Memorial Hospital, Cheyenne, Wyoming.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary $255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) Lake resorts etc. Apply to: Mrs. J. Bergquist R.N. — Matron, Municipal Hospital #43, Bentley, Alberta.

Registered Nurse (Immediately) as secretary for small north western Ontario Clinic. Must be familiar with medical terminology & able to take short-hand or the equivalent. Salary starting at $400 per mo. Apply: Box G, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

Registered General Duty Nurses (2) immediately for small General Hospital. Starting salary $350 - $375 after 1-yr. Furnished apartment available. Apply by writing to: Box 336, Dos Palos, California, or Phone Express 2-3450 after 6:00 P.M. (Collect).

Assistant Matron — Maximum gross salary $330 must be a graduate of at least 5-yr. preferably with a course or at least experience in administration of hospital nursing services. **Operating Room Nurse** — $279.50-$309.50 additional $10 for postgraduate course. **General Duty Registered Nurses** — $269.50-$299.50 for a busy 45-bed hospital with program to start building this year, a completely modern 70-bed hospital. 40-hr. wk. as soon as sufficient staff available, 21-day vacation after 1-yr. service plus 9 statutory holidays, $30 per mo. deduction for room, board & laundry. Personnel policies will be forwarded on request. For further information apply: Miss J. Wickett, Matron, Municipal Hospital, Peace River, Alberta.

Registered Nurses for General Duty (Immediately) & positions to be filled on staff for new 58-bed hospital to be opened in early fall. Located in the centre of a summer vacation land. For information apply to: The Superintendent, Prince Edward County Hospital, Picton, Ontario.

Registered Nurses for 200-bed hospital for extended illness. Residence accommodation. Apply to: Director of Nursing, Parkwood Hospital, 81 Grand Avenue, London, Ontario.

Texas: Registered Nurses, (English speaking) for rotating shifts. Salary $290-$315, 40-hr. wk., living facilities available. Hospital operated by Daughters of Charity. Apply: Director of Nursing Service, St. Paul Hospital, Dallas 4, Texas.

General Duty Nurses for 100-bed hospital. Salary $260 month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

Registered Nurses (Immediately & later) for General Hospital. Salary $300 per mo. & full maintenance. Previous obstetrical & operating room experience necessary. New Hospital, comfortable nurses' residence. Apply to: Matron, General Hospital, Mayo, Yukon Territory.

General Duty Staff Nurses for 450-bed fully approved hospital. Salary range per mo., day duty $398-$418; p.m. & night duty $408-$428; 40-hr. wk., excellent personnel policies. Registration or permit to work in California required. Address applications to: Chief Nurse, Southern Pacific Hospital, San Francisco 17, California.

Staff Nurses for 800-bed General Hospital, fully accredited, located on the university campus. Starting Salary $290 per mo. plus $50 differential for evening & night tour of duty. Apply: Director of Nursing, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia 4, Pennsylvania.

Registered Nurses for 31-bed hospital, 40-hr. wk., salary $262, increments $5.00 semi-annually. Single room accommodation in nurses' home, $11 per mo., full board $33 or single meals 55¢ each. Steamship fare from Vancouver refunded after 6-mo. For further information & copy of personnel policies, write to the: Administrator, General Hospital, Box 640, Ocean Falls, British Columbia.

General Duty Nurses (Immediately for summer relief & steady employment) new 54-bed hospital. Gross salary $255 per mo. with annual increase, less $26 maintenance, 1-mo. vacation after 1-yr. service. Voluntary pension plan & compulsory medical & hospitalization plan in operation. Apply stating references & experience, if any, to: Matron, Municipal Hospital, Vermilion, Alberta.

OPC

ONTARIO PLACEMENT CENTRE

FOR PROFESSIONAL, SUPERVISORY AND
ADMINISTRATIVE NURSING STAFF.

DIRECTOR: MISS H. E. JONES, REG.N.
SUITE 304, 97 EGLINTON AVENUE E., TORONTO, ONTARIO.
HU. 1-6301 or HU. 1-6362

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC & OPERATING ROOM NURSES

General staff positions also available for expansion program in July 1959

Salary: $280 - $336 general staff.

Commencing salary $294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, $286.25 - $343.25

A clinical differential of $10 a month in addition for approved postgraduate courses.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General Hospital,
Vancouver 9,
British Columbia

WANTED
GENERAL DUTY NURSES

for

Jordan Memorial Sanatorium
Provincial Hospital Lancaster
Provincial Hospital Campbellton

Department of Health and Social Services

SALARY: Registered Nurses — $2,700 - $3,180 per annum. Annual Increment $120.

Full Civil Service Benefits including vacation with pay, sick leave benefits, superannuation and retiring leave. Comfortable modern living quarters and full maintenance supplied at a nominal cost.

Apply:

CIVIL SERVICE COMMISSION
P.O. BOX 1055
FREDERICTON, N.B.

SUDBURY & DISTRICT HEALTH UNIT
ASSISTANT SUPERVISOR and PUBLIC HEALTH NURSES

are required for generalized public health nursing service; maternal and child health, tuberculosis, school health, etc.

—Hospital Plan, P.S.I., pension plan.
—Sick leave — 1½ days monthly, accumulative.
—Vacation — 4 weeks yearly.
—Transportation provided or allowance for use of private car.
—Salary:
  Assistant Supervisor
    $4,000. to $5,000. annually
  Public Health Nurses
    $3,500. to $4,500. annually
  Annual increment $200.

Apply to:

DR. J. B. COOK, M.O.H. and DIRECTOR
SUDBURY & DISTRICT HEALTH UNIT
SUDBURY, ONTARIO

DIRECTOR OF NURSING

required for

New 60-bed hospital being built to open this fall. Position to take effect late summer. Degree in Nursing Administration an advantage. 5-years successful nursing supervisor experience preferred. Salary open. Excellent personnel policies.

Apply — **ADMINISTRATOR**

MILTON DISTRICT HOSPITAL, BOX 474, MILTON, ONTARIO

NURSING INSTRUCTORS

REQUIRED FOR MENTAL HEALTH SERVICES
BRITISH COLUMBIA CIVIL SERVICE

Instructors for the School of Psychiatric Nursing, to assist with the development & expansion of educational programs for psychiatric nursing students & students affiliating from the general hospitals. New educational centre. Challenging opportunities. Salary $302 - $356 per mo. Additional salary may be paid for further preparation by postgraduate courses at either hospital or university level.

For further information and application forms, apply to:

MISS BEVERLEY MITCHELL, DIRECTOR OF NURSING SERVICES,
ESSONDALE, BRITISH COLUMBIA. COMPETITION No. 59:257.

DIRECTOR OF HEALTH SERVICE

This position in a well organized health service for all staff & students is open in the early fall. Requirements necessary is experience in public health field with an appreciation & understanding of a referral system to community health agencies. Salary commensurate with experience & qualifications.

Apply to: The Director of Nursing
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO

THE HOSPITAL FOR SICK CHILDREN, TORONTO

Requires graduate nurses for active research unit. Involves use of special diets, treatment procedures and accurate collections of specimens. 40-hour week, rotating shifts, attractive salary, excellent working conditions. Residence accommodation optional.

Apply: Director of Nursing
THE HOSPITAL FOR SICK CHILDREN
TORONTO, ONTARIO

REGISTERED NURSES — $3,000 - $3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS — $2,040 - $2,400

SUNNYBROOK HOSPITAL, TORONTO **WESTMINSTER HOSPITAL, LONDON**

Pension Plan; three weeks' paid vacation; three weeks' accumulative sick leave; 5-day week; low-cost living in staff residence — for Nurses; application forms available at your nearest Civil Service Commission Office, or main Post Office, should be forwarded to the Civil Service Commission 25 St. Clair Avenue East, Toronto 7, as soon as possible.

SENSENBRENNER HOSPITAL

KAPUSKASING, ONT.

requires

A) Registered Nurses for General Duty. Salary range $310-$345 monthly.

B) Operating Room Nurse.

Salary range $325-$360 monthly.

Full welfare coverage, to work in modern, well equipped 50-bed hospital.

Apply in writing to:

EMPLOYMENT OFFICE
SPRUCE FALLS
POWER & PAPER CO. LTD.
KAPUSKASING, ONTARIO

INDUSTRIAL NURSE

required

Large modern Pulp & Paper Mill New Medical Centre supervised by full time Medical Director.

Salary range:

$338 - $400 monthly

5-day wk. No shift work.

Excellent welfare coverage.

Previous Industrial or Public Health training or experience required.

Apply in writing to:

EMPLOYMENT OFFICE
SPRUCE FALLS
POWER & PAPER CO. LTD.
KAPUSKASING, ONTARIO

PUBLIC HEALTH NURSES

required by
PORT ARTHUR & DISTRICT HEALTH UNIT
FOR GENERALIZED PROGRAM.

Basic salary $3,250 with allowance for experience. New salary schedule will take effect on the 1st of August 1959, & the basic salary will be $3,500 per annum. Pension plan, Ontario Hospital Services, accumulative sick leave, 4-wk. vacation & generous car allowance.

Apply to:

MISS H. M. LAMPSHIRE, SECRETARY-TREASURER,
PORT ARTHUR & DISTRICT HEALTH UNIT
63 N. ALGOMA ST., PORT ARTHUR, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,

ESSONDALE, PROVINCE OF BRITISH COLUMBIA.

Salary: $324 - $389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA.
IMMEDIATELY. COMPETITION NO. 59:152

Obstetrical Supervisor

for

40-bed unit in 250-bed

General Hospital.

For further information, apply to:

THE DIRECTOR OF NURSING,
SUDBURY MEMORIAL HOSPITAL,
SUDBURY, ONTARIO.

MATRON

required

for 35-bed hospital

in Altona, Manitoba

For further information write to:

F. E. DUECK, ALTONA DISTRICT HOSPITAL

BOX 330, ALTONA, MANITOBA.

Enjoy the atmosphere
of a friendly 640-bed
downtown hospital

THE TORONTO WESTERN HOSPITAL

399 BATHURST STREET
TORONTO

has vacancies for

GENERAL STAFF NURSES

$255 per month at present with annual increments to $285

40-hour 5-day work week

Write giving full details to:

Director of Nursing Service

VICTORIA PUBLIC HOSPITAL

FREDERICTON, N.B.

requires

GENERAL DUTY STAFF
OPERATING ROOM STAFF
INSTRUCTRESS

For July 1 & September 1.

Work in a University City.

Good personnel policies.

44-hr. week & increment for afternoon & evening duty.

Apply:

DIRECTOR OF NURSING

ONTARIO SOCIETY

HOPE and OPPORTUNITY

For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH NURSES

For

OTTAWA-HAMILTON-TORONTO
AND OTHER CENTRES

YOU WILL RECEIVE —

- GOOD SALARY RANGE
- A NEW AUTOMOBILE
- PENSION PLAN
- FREE INSURANCE
- 5-MONTH TRAINING COURSE IN NEW YORK CITY AND OTHER CENTRES.

You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT R.N.
SUPERVISOR OF NURSING
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2

PSYCHIATRIC NURSING COURSE for REGISTERED NURSES

The Brandon Hospital for Mental Diseases, Brandon, Manitoba, offers a six months' course in Psychiatric Nursing.

Classes commence in November each year. Salary $230. per month while training. 40-hour work week.

Uniforms supplied and laundered.

Annual holidays and sick leave as set out in Civil Service Regulations.

For further information apply to:

DIRECTOR OF NURSING
BRANDON HOSPITAL
FOR MENTAL DISEASES
BOX 420, BRANDON, MANITOBA

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,
Victorian Order of Nurses
for Canada
5 BLACKBURN AVENUE
Ottawa 2, Ont.

2 QUALIFIED INSTRUCTORS

REQUIRED FOR 1959-60 TERM

Present Student enrollment, 75.

One class per year.
Registration September.

Affiliations — Pediatrics,
Psychiatry, Tuberculosis.

New School & Residence.

200-bed General Hospital,
fully accredited.

Pleasant City of 38,000.
3 Colleges

Good Salary & Personnel Policies.

Allowance for degree with
experience.

For further information apply to:

DIRECTOR OF NURSES,
GENERAL HOSPITAL, GUELPH, ONTARIO

WOODSTOCK GENERAL HOSPITAL
WOODSTOCK, ONTARIO

Requires Teachers for:

(1) Nursing Arts
(2) Medical Clinical
(3) Surgical Clinical

General Staff Nurses —
All Departments

APPLY TO: DIRECTOR OF NURSING
WOODSTOCK GENERAL HOSPITAL
WOODSTOCK, ONTARIO

STAFF NURSES

Starting salaries range from $300-$330 per mo. depending on previous experience. Nurses agreeing to work 3 continuous months of evenings will receive in addition a bonus of $15 per wk. Nurses agreeing to work 3 continuous months of nights will receive a bonus of $10 per wk.

Call or write

MISS BEATRICE STANLEY,
DIRECTOR OF NURSING SERVICE,
UNIVERSITY OF ROCHESTER,
STRONG MEMORIAL HOSPITAL
ROCHESTER 20, NEW YORK.
PHONE GREENFIELD 3-4400

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

. . . THEY WORK AT

COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Residence, Cook County School of Nursing

Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at *$340-$372.50* for a *37½ hour week*. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

NURSING POSITIONS AVAILABLE

Starting salary $300-$340 per mo; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus $40-$30 per mo.; tuition aid for advanced education in nearby universities.

Lenox Hill Hospital is a large General Hospital in the heart of Manhattan, easily accessible to the cultural advantages of the large metropolis.

Write:

DIRECTOR OF NURSING,
LENOX HILL HOSPITAL
76th STREET & PARK AVENUE
(MIDTOWN NEW YORK)

UNIVERSITY OF MINNESOTA HOSPITALS

Minneapolis, Minnesota

Large teaching & research center including all clinical services located on the university campus.

General Staff Nurse positions available at $316 per mo. with annual increments & opportunities for advancement. Rooms available in attractive & convenient nurses' residence. Arrangements for attendance at university classes may be made. Licensure in Minnesota must be completed before permanent appointments may be made.

APPLY TO: DIRECTOR OF NURSING SERVICE
UNIVERSITY OF MINNESOTA HOSPITALS
MINNEAPOLIS 14, MINNESOTA

THE WINNIPEG GENERAL HOSPITAL

IS RECRUITING

1. CLINICAL SUPERVISORS IN MEDICINE & SURGERY
2. GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: $324 rising to $389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or
THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C.
Competition No. 59:67

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division)
Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants.

This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING,
HAMILTON HEALTH ASSOCIATION,
BOX 590, HAMILTON, ONTARIO.

PUBLIC HEALTH NURSE

for

ELLIOT LAKE, ONTARIO

Generalized public health nursing program in new developing Uranium Mining centre. Excellent opportunity for experience in new & expanding health department.

For particulars apply to:

SUPERVISOR OF PUBLIC HEALTH NURSES, BOX 9, ELLIOT LAKE, ONTARIO

GENERAL DUTY NURSES

For all Departments in a new 116-bed, 40-bassinettes, hospital. Positions available now in the Obstetrical and Emergency Department.

Opening of other departments, September 1959. Applications now being accepted. Gross salary $275 per month, 40-hour week, 3-week vacation annually, Group Pension plan.

Apply: **ADMINISTRATOR**

ST. JOSEPH'S GENERAL HOSPITAL, ELLIOT LAKE, ONTARIO

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $255-$305 per mo. Certified Nursing Assistants $190-$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON,
TORONTO 15, ONTARIO — CH 4-5551

CALIFORNIA

REGISTERED NURSES

(General Duty with opportunity for advancement)

New modern 130-bed General Hospital in dynamic college city in beautiful
San Joaquin Valley only 2 hours from Los Angeles
Salary: $325 to begin. Differential for evening & nights.
5-day, 40-hr. wk. Progressive personnel policies.
Transportation costs to California will be reimbursed after 1-yr. satisfactory service.

Send full particulars immediately to:

DIRECTOR OF NURSES, GREATER BAKERSFIELD MEMORIAL HOSPITAL
P.O. BOX 26, BAKERSFIELD, CALIFORNIA

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $255 monthly ($117.50 bi-weekly) if registered in Ontario, $235 monthly ($108.20 bi-weekly) until registered. Annual increment $10 monthly ($4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY
DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary $260 - $290 per month if registered in Ontario.
Differential of $10 for evening and night duty.
40-hour week. Sick leave cumulative to 30 days.
3 weeks vacation and eight statutory holidays.

Apply:
DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:
THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

DIRECTOR -- SCHOOL OF NURSING

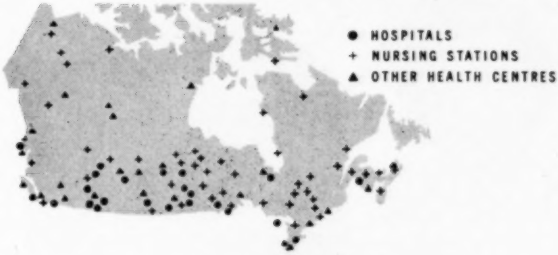
For a School of 90-students, organized independently of Nursing Services. The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Salary: $5,100 - $5,700 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrutor,
Metropolitan General Hospital,
Windsor, Ontario.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES
REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

(1) Public Health Nursing Supervisors: up to $5,220 depending upon qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,950 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to $3,780 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to $3,540 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to $200 per month depending upon qualifications and location.

- **Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.**
- **Special pay and leave allowances for those posted to isolated areas.**

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.